



1224304011



Georgia Department of Revenue
 Alcohol and Tobacco Division
 Telephone: (404)417-4900
 E-mail: ATDIV@dor.ga.gov

Due by the 15th of each month following month in which shipments were made

DEPT. USE ONLY

**REPORT OF WINE SHIPMENTS INTO THE STATE OF GEORGIA
 DURING THE MONTH OF _____, 20__**

Submit online at <https://gtc.dor.ga.gov>

NAME OF WINE SHIPPER		GA LICENSE #	
ADDRESS	CITY	STATE	ZIP CODE

INSTRUCTIONS

1. This report must be filed with the Georgia Department of Revenue, on or before the 15th day of each calendar month.
2. List separately, on this form, each invoice of wine shipment made or caused to be made into the State of Georgia during the calendar month for which the report is being filed, giving the information as required by this form.
3. Legible copies of all invoices of wine shipments listed on this report form must be attached.

DEPT USE ONLY	INVOICE		NAME & LOCATION OF WHOLESALER TO WHOM SHIPPED	REPORT IN LITERS		CASES PER INVOICE
WHOLESALER'S E.D.P. CODE	DATE	NUMBER		14% OR LESS ALCOHOL BY VOLUME	OVER 14% ALCOHOL BY VOLUME	

Grand Total of Shipments to Georgia Wholesalers during the month

I certify, under the penalties for filing false returns, that I have personal knowledge and understanding of statements made in this return and that the figures presented herein, including accompanying materials are true, correct and complete to the best of my knowledge and belief, and are filed in accordance with the law.

SIGNATURE OF OWNER, PARTNER OR OFFICER

TITLE

DATE