



Tennessee Department of Revenue  
 Audit Division  
 500 Deaderick Street, Nashville, TN 37242  
**Alcohol Beverage Inventory Transfer**

**SELLER OF INVENTORY**

Entity Name: \_\_\_\_\_  
 DBA: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State: \_\_\_\_\_  
 \_\_\_\_\_:  
 Closure Date: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_

**RECEIVER OF INVENTORY**

Entity Name: \_\_\_\_\_  
 DBA: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City, State: \_\_\_\_\_  
 Date Received: \_\_\_\_\_  
 \_\_\_\_\_:

**Subject: SALE OR TRANSFER OF LIQUOR/WINE INVENTORY**

Verification Date: \_\_\_\_\_  
 Audit Staff: \_\_\_\_\_  
 Total Sold/Transferred: \$ \_\_\_\_\_

The attached inventory listing was \_\_\_\_\_ as an accurate accounting of spirits on hand. The inventory listing was required for the business to perform a sale or transfer to another business with an ABC license.

*If virtual tour, complete this section:*

A virtual tour of the transfer inventory was conducted on \_\_\_\_\_, by the taxpayer with a Tennessee Department of Revenue employee. The tour \_\_\_\_\_ recorded.

I certify under penalty of perjury that the inventory information is true and correct. I declare that I am authorized to certify, on behalf of the reporting company, that all the information contained in this inventory is complete and accurate.

\_\_\_\_\_  
 Closing Business Owner or Representative Signature Title

\_\_\_\_\_  
 Receiver or Representative Signature Title

\_\_\_\_\_  
 Department of Revenue Agent Signature Title