



OCCUPATION TAX – 2017 RENEWAL APPLICATION

Business Name: _____

Business Location: _____

_____, _____

Type of Business: _____ Class Tax Code: _____

NAICS Code: _____ (MANDATORY FIELD) Is this Business a Home Occupation? Yes No

Mailing Address: _____

_____, _____

Business Phone: (_____) _____ - _____ Business Fax: (_____) _____ - _____

Owner Name: _____

Owner Home Address: _____

_____, _____

Owner Home Phone Number: (_____) _____ - _____

Email Address: _____ @ _____

FORMULA TO CALCULATE TAX

1. Taxable Gross Receipts

2016 Gross Receipts: \$ _____ - \$50,000 = \$ _____ (Cannot be less than \$0.00)

2. Gross Receipt Tax

Total from Line 1 \$ _____ x 0.000 _____ = \$ _____ Tax Revenue Based on Class

3. Number of Employees** (Please include number of employees even if you are filing for exempt status)

_____ (must be at least 1) x \$10 = \$ _____

4. Flat Tax

\$ 125.00

TOTAL TAX DUE (Add Totals from lines 2, 3 and 4) = \$ _____

10% Late Fee = \$ _____

1.5% Interest Fee per Month (beginning April 30, 2017) = \$ _____

TOTAL TAX DUE WITH PENALTIES AND INTEREST = \$ _____

*Employee means an individual whose work is performed under the direction and supervision of the employer and whose employer withholds FIC, federal income tax, or state income tax from such individual's compensation or whose employer issues to such individual, for purposes of documenting compensation, a form W-2, but not a form IRS 1099.

I do solemnly swear, subject to criminal penalty, that the information above is correct.

Applicant's Signature _____ Date _____



S.A.V.E. AFFIDAVIT

Affidavit Verifying Residency Status of an Applicant as Required by the Georgia Security and Immigration Compliance Act O.C.G.A. § 50-36-1(e)(2)

This form is required for ALL LICENSES/PERMITS by State Law

By executing this affidavit under oath, as an Applicant, as a City Vendor, or as a Recipient for other public benefit as referenced in the Georgia Security and Immigration Compliance Act, (O.C.G.A. § 50-36-1), I am stating the following:

- I am a United States citizen, or
(Must include a copy of either current State Driver's License, Passport, Military ID, or other approved document*.)
- I am a legal permanent resident of the United States**, or
(Must include a copy of your Permanent Resident Card or other approved document*.)
- I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency**(Must include a copy your Employment Authorization Card or other approved document*.)

**My alien number issued by the Department of Homeland Security or other federal immigration agency is:

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1 (e)(1), with this affidavit.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed on the _____ date of _____, 20__ in

_____ (city), _____ (state)

Signature of Authorized Officer or Agent

Printed Name of and Title of Authorized Officer or Agent

SCRIBED AND SWORN BEFORE ME ON THIS _____ DAY OF _____, 20__

(Seal)

NOTARY PUBLIC
My Commission Expires: _____

*A complete list of verifiable documents can be found on the City of Chamblee website under Occupational Tax Certificates or on the Georgia Attorney General's website (O.C.G.A. § 50-36-2).



Private Employer Affidavit Pursuant to O.C.G.A. §36-60-6(d)

By executing this affidavit under oath, as an applicant for an Occupation Tax Certificate as referenced in O.C.G.A. §36-30-6(d), from the City of Chamblee, the undersigned applicant representing the private employer known as _____ (Name of Business) verifies one of the following with respect to my application for the above mentioned document:

Section 1:

Choose **ONE** of the following:

- a. _____ On January 1st of the below signed year the individual, firm, or corporation employed **more than ten (10)** employees. *Complete Section 2 and 3 below.*
- b. _____ On January 1st of the below signed year the individual, firm, or corporation employed **ten (10) or fewer** employees. *Complete Section 3 below.*

Section 2:

The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. §36-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

| | |
|---|-----------------------|
| Federal Work Authorization User Identification Number (This number is between 4-6 digits and does not include letters) | Date of Authorization |
|---|-----------------------|

Section 3:

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of violation of O.C.G.A. § 16-10-20, and face criminal penalties allowed by such statute.

Executed on the _____ date of _____, 20____ in _____ (city), _____ (state)

Signature of Authorized Officer or Agent

Printed Name of and Title of Authorized Officer or Agent

SCRIBED AND SWORN BEFORE ME ON THIS _____ DAY OF _____, 20____

(Seal)

NOTARY PUBLIC
My Commission Expires: _____



BUSINESS EMERGENCY CONTACT FORM
THIS FORM MUST BE FILLED OUT COMPLETELY

Name of Business

Business Street Address Suite/Apt. # City State Zip Code

Name of Business Owner (Company and/or Individual – Please print)

Business Phone Emergency Phone Cell Phone E-mail

Type of Business (Explain) Size of Business in Square Feet **or** Dimensions

Alarm System: Yes No If yes, Alarm system must be registered with the Chamblee Police Department and a Permit is required.

Hazardous or flammable materials stored on site? Yes No If yes, please list:

IN CASE OF EMERGENCY AFTER HOURS, PLEASE CONTACT (List in the order to be called):

First Contact

Address Suite/Apt.# City State Zip Code

Home Phone Cell Phone Email

Second Contact

Address Suite/Apt.# City State Zip Code

Home Phone Cell Phone Email

Third Contact

Address Suite/Apt.# City State Zip Code

Home Phone Cell Phone Email

Name of Building/Property Owner

Address Suite/Apt.# City State Zip Code

Home Phone Cell Phone E-mail



CHECKLIST

Please use the following checklist to ensure that all of the required documentation needed to renew the Occupational Tax Certificate for 2017 is included:

All applicants must return:

- _____ Occupational Tax Renewal Form Signed and Dated
- _____ Verify the Six Digit NAICS Code (2012)
NAICS codes may be found on the business, personal or sales tax filing. The NAICS Codes can also be found on the US Census Bureau Website at:
<http://www.census.gov/cgi-bin/sssd/naics/naicsrch?chart=2012>
- _____ Verify the Tax Class Code and Rate
The Business Profitability Class Schedule can be found on the City website:
<http://www.chambleega.com/DocumentCenter/View/379>. *No changes were made for 2017 tax.*
- _____ Private Employer Affidavit Signed **and** Notarized*
If have eleven (11) or more employees, make sure the Federal Work Authorization User Identification Number (between 4-6 digits, no letters) and Date of Authorization is included.
- _____ S.A.V.E. Affidavit Signed **and** Notarized*
- _____ Copy of front **and** back of Approved Documentation for S.A.V.E Affidavit. The photograph must be visible. (A list of secure and verifiable documents published by the Attorney General, Georgia can be found on the city website)
- _____ Check, Cash, Money Order or Credit Card
- _____ Emergency Contact Sheet

All of the above listed documents are required to renew the Occupational Tax Certificate for 2017. Failure to provide the documentation will delay the renewal and may lead to late fees.

*Documents for business owners can be notarized at no cost at City Hall. Please remember that the S.A.V.E. Affidavit and the Private Employer Affidavit require signature in front of a Notary.

Please return the renewal application to:

Occupational Tax Certificate Renewal
City of Chamblee
5468 Peachtree Road
Chamblee, GA 30341