P.O. Box 46 / 4488 Pineview Drive
Powder Springs, Georgia 30127
770-943-8001 x355
JMajor@cityofpowdersprings.org

NOTE: FOR BUSINESSES THAT ARE **CLOSED**, PLEASE FILL OUT AFFIDAVIT "**SECTION E**" ON THE BACK OF THIS FORM. SUBMIT PRIOR TO MARCH 1, 2020

You may renew by mail.

In person we accept exact cash, Master Card, Visa, money order or checks made payable to City of Powder Springs. **Monday - Friday 8:30 to 4:30**

We will process in date received order, all certificates will be mailed.
Due to the volume of renewals:
Please allow 45 business days for processing before checking status.

2020 OCCUPATIONAL TAX NOTICE (CLASS A2)

Your Occupational Tax for 2020 is due on JANUARY 1, 2020.

Your Initials		Renewal Checklist Items
	Section A	2019 Actual Gross Receipts: $_____
	Section B	Background information in Section B must be submitted annually. Complete Section B.
	Section C	Every year you must complete an E-verify. / **Must be notarized.**
	Section D	Are you a U.S. Citizen? **If not,** you must complete Section D. - **Must be notarized & include copies of cards.**
	Section E	Closed? You must complete Section E if your business closed in 2019. / **Must be notarized.**

ANNUAL GROSS RECEIPTS	CLASS A2 FEES	ANNUAL GROSS RECEIPTS	CLASS A2 FEES
$0 to $99,999	$90.00	$3,000,000 to $4,999,999	$2,855.00
$100,000 to $249,999	$178.00	$5,000,000 to $9,999,999	$4,855.00
$250,000 to $499,999	$318.00	$10,000,000 to $19,999,999	$6,855.00
$500,000 to $749,999	$493.00	$20,000,000 to $39,000,000	$8,855.00
$750,000 to $999,999	$668.00	$40,000,000 to $79,000,000	$10,855.00
$1,000,000 to $2,999,999	$1,455.00	$80,000,000 and above	$12,855.00
PLUS $200 PER MILLION OR PORTION THEREOF			

CALCULATE YOUR 2020 TAXES

1. Enter 2020 Taxes OWED from table $ _____

2. Add Administrative Fee **$ 18 .00**

Payable to THE CITY OF POWDER SPRINGS

3. TOTAL DUE $ _____

I hereby make application for a renewal of an Occupational Tax Certificate for the City of Powder Springs. I, as a duly authorized agent of the company, do hereby swear or affirm the information provided herein is true, complete and accurate to the best of my knowledge. I understand that any inaccuracies may be considered just cause for invalidation of this application and any action taken on this application. I understand that the City of Powder Springs reserves the right to enforce any and all ordinances regardless of payment of fee and further that it is my / our responsibility to conform to said ordinances in full. I hereby acknowledge that all requirements shall be adhered to. I acknowledge that additional information may be required to verify the total gross receipts shown on the renewal application. I certify that I will maintain adequate and accurate records for audit purposes and acknowledge that audits may be performed at any time by personnel from the Community Development Department. Renewal forms should be submitted with the annual license fee in person or by mail to the Community Development office no later than January first of each calendar year.

APPLICANT SIGNATURE _____ PRINTED NAME _____ DATE _____

PAYMENT DUE BY JANUARY 1, 2020. A penalty of 10% plus 1.5% per month or portion thereof that the renewal fee is late will be assessed after March 1, 2020.

SECTION A: Prior year (2019) Actual Receipts: $_____

SECTION B:

Physical Location _____

Legal Business Name _____ Year Registered _____
(as registered with the State or County)

Primary Contact _____ Phone # _____

State Professional License # (copy required annually) _____

Business # for Directory _____ SS# or EIN _____
Circle one

# of Employees _____ Email address _____

SECTION C: ***Private Employer Affidavit Pursuant To O.C.G.A. § 36-60-6(d)***

Effective July 1, 2013, any private company with more than 10 full-time employees, along with every public employer, regardless of its size, must register with the federal E-Verify program to check the legal status of new hires.

By executing this affidavit, the undersigned private employer verifies it's compliance with O.C.G.A. § 36-60-6, **stating affirmatively that the individual, firm or corporation has registered with and utilizes the federal work authorization program commonly known as E-Verify,** or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Homeland Security 5 digit# _____ _____ _____

Federal Work Authorization User Identification Number | Date of Authorization | Name of Employer

If your business employs less than ten (10) employees, please check this box and sign below.

By checking this box and signing this form below you are stating affirmatively that your business employs less than ten (10) employees and that your business is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify.

I hereby declare under penalty of perjury that the foregoing is true and correct..

Executed in _____(city), _____(state)

_____ _____ _____

Signature of Applicant **Printed Name** **Date**

SUBCRIBED AND SWORN BEFORE ME ON THIS DATE _____Signature of Notary _____ **Notary Stamp**

SECTION D: ***Affidavit Verifying Status of Applicant for any License, Permit or Certificate, or a renewal of any, issued under any codes of the City of Powder Springs (MUST BE COMPLETED BY OFFICIAL REPRESENTATIVE OF THE BUSINESS)***

By executing this affidavit under oath, as an applicant for a City of Powder Springs Business License or Occupational Tax Permit, Alcohol License, Taxi Permit or other permit defined as a public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a license or permit or benefit for _____. **[INSERT NAME] of person applying on behalf of individual, business, corporation, partnership or other private entity and check the appropriate box below]:**

☐ I am a United States citizen 18 years of age or older; OR

☐ I am a legal permanent resident of the United States 18 years of age or older; or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.*

AND

☐ I have 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 Code Section 16-10-20 of the Official Code of Georgia.

Executed in _____(city), _____(state)

The secure and verifiable document provided: _____

_____ _____ _____

Signature of Applicant **Printed Name** **Date**

NAME OF BUSINESS_____

* Note: O.C.G.A. Section 50-36-1(e)(2) requires that aliens provide their alien registration number. Legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may apply another identifying number:

_____ **(copy of front and back of card required & front copy of valid driver's license)**

SUBCRIBED AND SWORN BEFORE ME ON THIS DATE _____Signature of Notary _____ **Notary Stamp**

SECTION E: ***Affidavit Certifying Closed Business***

Name of Business: _____ Phone #_____

This business closed operations during the calendar year on _____

_____ _____ _____

Signature of Applicant **Printed Name** **Date**

SUBCRIBED AND SWORN BEFORE ME ONTHIS DATE:_____Signature of Notary _____ **Notary Stamp**

NOTE 1: Name, address and telephone number of applicants are public information and therefore subject to disclosure under the open records law laws.

NOTE 2: CREDITS - Applicants seeking a credit shall submit tax returns for the previous five (5) years.

NOTE 3: Practitioners of professions as described in O.C.G.A. 48-13-9 shall elect their occupation tax based on gross receipts as set forth above, or a fee of $400.00 per practitioner who is licensed to provide the service and shall not be required to provide information relating to gross receipts of the business or practitioner. This election is to be made on an annual basis and must be done by MARCH 01 of each

NOTE 4: Effect of delinquencies on licenses. The city shall refuse to issue, extend or renew, and may revoke, any occupational tax certificate and/or registration and any business license or licenses applied for or held by any person, firm or entity owing any amount to the city for delinquent city taxes, penalties, interest, costs or other charges thereon.

NOTE 5: Information will be provided to the Georgia Department of Revenue, including failure or refusal to provide all information.