

OCCUPATION TAX CERTIFICATE RENEWAL FORM

CITY OF REIDSVILLE
 PO BOX 730 • 117 TATTNALL STREET
 REIDSVILLE, GA 30453
 PH. 912-557-4786 • FAX. 912-557-3827

YEAR 2021

Due Date: January 31, 2021
 Penalty for failure to file and pay by: March 31st

Business Name	Business Location
Business Mailing Address	Acct #
	Telephone Number(s)
	Fax Number
Business Description	Fed I.D. and/or SSN
	State Sales Tax Number
Date Established	State License Number (if applicable)
	Expiration Date

Complete the following for all owners / officers (attach additional sheets if necessary)

Name / Title _____	Driver's License No. _____
Address _____	
Name / Title _____	Driver's License No. _____
Address _____	

<p style="text-align: center;">Type of Ownership</p> <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other _____	<p style="text-align: center;">Type of Business</p> <input type="checkbox"/> General <input type="checkbox"/> Professional <input type="checkbox"/> Contractor <input type="checkbox"/> Other _____	<p style="text-align: center;">Key Contact Person</p> Name _____ Title _____ Phone _____ Fax _____
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A. Multiply total number of employees on January 1st times the per employee tax to calculate occupation tax. (An employee is defined as any individual that exerts effort within the State of Georgia for the purpose of soliciting business of serving customers or clients. Please include full and part-time employees. A minimum number of employees is 1 for owner operators. The city may request supporting information such as Wage and Tax reports to determine the accuracy of information.)

First 10 Employees	x \$ 20.00	\$ _____
Next 10 Employees	x \$ 18.00	\$ _____
Next 10 Employees	x \$ 16.20	\$ _____
Next 10 Employees	x \$ 14.00	\$ _____
Next 10 Employees	x \$ 7.00	\$ _____
Remaining Employees	x \$ 1.50	\$ _____
ADMIN FEE	x \$ 0.00	\$ _____
BASE ADMIN FEE	x \$ 50.00	\$ <u>50.00</u>

B. Regulatory Fee \$ _____
 C. Your Occupation Tax (Line A + B) \$ _____

Signature _____ Title _____ Date _____

RETURN THIS APPLICATION ALONG WITH SIGNED AND NOTARIZED SAVE AFFIDAVIT TO THE ABOVE ADDRESS

GOVERNMENT USE ONLY

Certificate of Occupancy	Group Code	SIC Code	Tax Class	Account #
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