

FITZGERALD, GEORGIA BUSINESS OCCUPATION TAX APPLICATION

RENEWAL PAY: ANNUAL DUE DATE – JANUARY 1st - FEBRUARY 15th
 PENALTY: 10% ADDED WHEN RENEWED AFTER ENDING DUE DATE
 REMIT TO: CITY OF FITZGERALD
 BUSINESS TAX OFFICE
 302 EAST CENTRAL AVENUE
 FITZGERALD, GEORGIA 31750
 (229) 426-5060 (229) 426-5066 FAX

FOR GOVERNMENT USE ONLY	
TAX YEAR	_____
ACCOUNT NO.	_____
GARBAGE CODE	_____
GARBAGE FEE	_____
BUSINESS CODE	_____
DATE REC'D	_____
AMOUNT DUE	_____

SEE REVERSE SIDE EACH COPY FOR INSTRUCTIONS

COMPLETE ALL SECTIONS

1. BUSINESS NAME AND MAILING ADDRESS

2. BUSINESS LOCATION ADDRESS

3. FEDERAL TAX I.D. NO. OR SOCIAL SECURITY NO.

4. TELEPHONE NUMBER

HOME OFFICE _____
 LOCAL _____

5. NAME, TITLE, AND ADDRESS OF OWNERS OR OFFICERS

NAME/TITLE _____
 ADDRESS _____

NAME/TITLE _____
 ADDRESS _____

CONTACT PERSON _____
 TITLE _____ PHONE _____

6. DOMINANT BUSINESS DESCRIPTION

7. STATE LICENSE NO. (IF APPLICABLE)

8. STATE SALES TAX NUMBER (IF APPLICABLE)

9. TYPE OF BUSINESS

GENERAL BUSINESS PROFESSIONAL

10. TYPE OF OWNERSHIP

SOLE PARTNERSHIP CORPORATION
 NON PROFIT DIS. VET.

11. TYPE OF REGISTRATION

NEW DATE BUSINESS OPENED _____
 RENEWAL
 BUSINESS CLOSED DATE CLOSED _____

12. OCCUPATION TAX SCHEDULE (General Business)

NUMBER OF EMPLOYEES	FEE	NUMBER OF EMPLOYEES	FEE
<input type="checkbox"/> 1	\$50.00	<input type="checkbox"/> 21-30	\$395.00
<input type="checkbox"/> 2	\$100.00	<input type="checkbox"/> 31-40	\$415.00
<input type="checkbox"/> 3	\$130.00	<input type="checkbox"/> 41-50	\$425.00
<input type="checkbox"/> 4	\$155.00	<input type="checkbox"/> 51-60	\$435.00
<input type="checkbox"/> 5	\$160.00	<input type="checkbox"/> 61-70	\$445.00
<input type="checkbox"/> 6	\$175.00	<input type="checkbox"/> 71-80	\$455.00
<input type="checkbox"/> 7	\$190.00	<input type="checkbox"/> 81-90	\$465.00
<input type="checkbox"/> 8	\$200.00	<input type="checkbox"/> 91-100	\$475.00
<input type="checkbox"/> 9	\$215.00	<input type="checkbox"/> 101-200	\$495.00
<input type="checkbox"/> 10	\$230.00	<input type="checkbox"/> 201-300	\$515.00
<input type="checkbox"/> 11	\$245.00	<input type="checkbox"/> 301-400	\$555.00
<input type="checkbox"/> 12	\$255.00	<input type="checkbox"/> 401-500	\$565.00
<input type="checkbox"/> 13	\$270.00	<input type="checkbox"/> 501-600	\$575.00
<input type="checkbox"/> 14	\$285.00	<input type="checkbox"/> 601-700	\$625.00
<input type="checkbox"/> 15	\$300.00	<input type="checkbox"/> 701-800	\$675.00
<input type="checkbox"/> 16	\$315.00	<input type="checkbox"/> 801-900	\$725.00
<input type="checkbox"/> 17	\$330.00	<input type="checkbox"/> 901-1000	\$775.00
<input type="checkbox"/> 18	\$345.00	<input type="checkbox"/> 1001-1100	\$825.00
<input type="checkbox"/> 19	\$360.00	<input type="checkbox"/> 1101-over	\$875.00
<input type="checkbox"/> 20	\$375.00		

Please Check the appropriate number of employees above – see directions for calculating part time employees.

13. PROFESSIONAL OCCUPATION TAX
 NUMBER OF PROFESSIONALS _____

Please see directions for professionals

CERTIFICATION:

I certify that the figures and information given as a basis for taxation are true and correct to the best of my knowledge, and that records shall be available for inspection as specified in Sec. 16-15.3 of the occupation tax ordinance of the City of Fitzgerald.

Signature _____

Title _____

Date _____

**CITY OF FITZGERALD
BUSINESS OCCUPATION TAX APPLICATION**

GENERAL INFORMATION

City of Fitzgerald levies an occupation tax on every business operating in the City of Fitzgerald under the provisions of State Law O.C.G.A. § 48-13.

OCCUPATION TAX: The occupation tax is levied each calendar year upon all businesses and practitioners of professions with one or more locations in the City of Fitzgerald or upon out-of-State businesses that meet the requirements of State law. The occupation tax levy is based on the number of employees of the business applied to the tax schedule listed on the Business Occupation Tax Application form.

NEW BUSINESS: The Occupation tax is due and payable upon commencement of business to be accepted without penalty. Businesses commencing after July 1st of any calendar year, shall pay fifty percent of the amount in the schedule set forth herein.

RENEWALS: Annual renewals are due and payable on or before February 15th of each calendar year. Payments by mail shall be postmarked no later than midnight of February 15th to be accepted without penalty.

PENALTY: A business who fails to pay by the due date, shall be assessed a penalty charge of ten percent (10%) of the fees due.

NUMBER OF EMPLOYEES DETERMINATION: An employee who works forty (40) hours or more weekly shall be considered a full-time employee. The average weekly hours of employees who work less than forty (40) hours weekly shall be added and sum divided by forty (40) to produce full time position equivalents. A business shall figure its number of employees based on the current year, or for the period if in business for less than one year.

EXAMPLE: A business has eight employees - - Two full time and six part-time. The number of full time equivalent employees are as follows:

2 full time employees		= 2 employees
2 employees at 10 hours per week	= 20 hours	
4 employees at 15 hours per week	= 60 hours	
Total hours	= 80 hours	= 2 employees
(80 hours is divided by 40 hours)		
TOTAL NUMBER OF FULL TIME EMPLOYEES	=	= 4 employees

PRACTITIONERS OF PROFESSIONS: Practitioners of professions shall elect as their entire occupation tax one of the following:

- a) The occupation tax based on number of employees under the fee schedule shown for General Business; or
- b) A fee of \$400.00 per practitioner who is licensed to provide the service, such tax to be paid at the practitioner's office or location. The per practitioner tax applies to each person who qualifies as a practitioner under the state law.

**OCCUPATION TAX INFORMATION: FOR FURTHER OCCUPATION TAX INFORMATION CONTACT CITY OF FITZGERALD
302 EAST CENTRAL AVENUE
FITZGERALD, GA 31750
TELEPHONE (229) 426-5060, FAX (229) 426-5066**

**CITY OF FITZGERALD
BUSINESS OCCUPATION TAX APPLICATION**

INSTRUCTIONS

COMPLETE ALL SECTIONS WITH INFORMATION REQUESTED

1. **BUSINESS NAME AND MAILING ADDRESS:** Complete name (Corporate and DBA name) and mailing address for business.
2. **BUSINESS LOCATION ADDRESS:** Actual street address of business. A post office box number may not be used in this section.
3. **FEDERAL TAX I.D. NO. OR SOCIAL SECURITY NO.:** Complete Federal Tax Identification Number for the business or owner's Social Security Number.
4. **TELEPHONE NUMBER(S):** Complete as applicable.
5. **BUSINESS OWNER NAME AND ADDRESS:** List Business Owner(s) name and address, title(s) and contact number.
6. **BUSINESS DESCRIPTION:** Describe briefly the business description at this address.
7. **STATE LICENSE NUMBER:** Complete State License Number issued by the Secretary of State pursuant to Title 43 of the Official Code of Georgia (if applicable).
8. **STATE SALES TAX NUMBER:** Complete Georgia State Sales Tax Number for business (if applicable).
9. **TYPE OF BUSINESS:** Check applicable box.
10. **TYPE OF OWNERSHIP:** Check applicable box.
11. **BUSINESS INFORMATION:** Complete date business opened and if business has been closed, complete closing date.
12. **OCCUPATION TAX SCHEDULE:** Check the applicable bracket showing the number of employees for your business. See instruction for calculating part time employees.
13. **PROFESSIONAL OCCUPATION TAX:** Please see the instruction for practitioners of profession.

CERTIFICATION:

Read statement of certification. Complete signature, title and date certifying application information.

302 East Central Avenue
Fitzgerald, Georgia 31750



(229) 426-5060
(229) 426-5066 FAX
www.fitzgeraldga.org
fitzcity@mchsi.com

**Affidavit Verifying Status for City of Fitzgerald
Public Benefit Application O.C.G.A. Section 50-36-1(e)(2)**

By executing this affidavit under oath, as an applicant for a City of Fitzgerald, Georgia Business License, or Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following respect to my application for a public benefit:

As a representative of _____
(The name of business, corporation, partnership or private entity)

- 1) _____ I am a United States citizen.
- 2) _____ I am a legal permanent resident of the United States.
- 3) _____ 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.

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.

The secure and verifiable document provided with this affidavit can best be classified as:
_____.

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 in _____ (city), _____ (state).

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

Signature of Applicant

Printed Name

Notary Public
My Commission Expires:

Date

{SEAL}

INSTRUCTIONS: PLEASE CHECK THE APPROPRIATE BOX, COMPLETE ALL INFORMATION, SIGN AND HAVE NOTARIZED

PRIVATE EMPLOYER AFFIDAVIT PURSUANT TO O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that as of July 1, 2013, the individual, firm or corporation employs more than Ten (10) employees and 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:

I do not employ more than 10 employees.

Please list number of employees _____.

Name of Private Employer

Federal Work Authorization User Identification Number

Date of Authorization

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

Executed on _____, _____, 201____ in _____ (City), _____ (State).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer/Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE _____ DAY OF _____, 201____.

NOTARY PUBLIC

My Commission Expires:

{SEAL}