

2012 RENEWAL APPLICATION FOR BUSINESS OCCUPATIONAL TAX CERTIFICATE

ACCOUNT NO.: _____

FEE CLASS: _____

RATE: _____

PROFESSIONAL PRACTITIONERS (\$400.00) AND INSURANCE COMPANIES (\$150.00) DO NOT NEED TO COMPLETE THE CALCULATION WORKSHEET. PLEASE SIGN THE BOTTOM AND RETURN TO THE CITY OF SANDY SPRINGS REVENUE DEPARTMENT ALONG WITH PAYMENT.

PREVIOUS YEAR CALCULATIONS:	2011	CURRENT YEAR ESTIMATES	2012
A. Actual Gross Receipts for Previous Year		1. Estimated Gross Receipts for Current Year	
a. Sales, Use or Excise Taxes		a. Sales, Use or Excise Taxes	
b. Inter-organizational Sales		b. Inter-organizational Sales	
c. Payments to Sub-Contractors		c. Payments to Sub-Contractors	
d. Out of State Sales		d. Out of State Sales	
e. Sales Returns and Allowances		e. Sales Returns and Allowances	
f. Total Deductions (add a through e)		f. Total Deductions (add a through e)	
B. Subtract Deductions from Actual Gross Receipts (A-F) <small>cannot be less than \$20,000.00</small>		2. Subtract Deductions from Estimated Gross Receipts <small>cannot be less than \$20,000.00</small>	
C. Estimated Gross Receipts From Previous Year		3. Standard Deduction	\$20,000.00
D. Gross Receipts Adjustment = B - C (+ or -)		4. Subtract Line 3 from Line 2 (use 0 if amount is negative)	
E. Tax Adjustment = Line D x rate		5. Multiply Line 4 by Rate	
F. Actual Employee Count for Previous Year (min. is 1)		6. No. of Employees _____ x \$13.00	
G. Estimated Employee Count From Previous Year		7. Flat Fee \$50.00	\$50.00
H. Employee Adjustment Base = Line F-G (+ or -)		8. Administrative Fee \$75.00	\$75.00
I. Employee Adjustment = Line H x \$13.00 (+ or -)		9. Subtotal – (Add Lines 5 through 9)	
J. Business Tax Adjustment Fee for Previous Year = Line E + I			

I hereby certify, under penalty of perjury, that statements made herein are of the best of my knowledge true and correct.

Print Name & Title of Individual Authorized to Complete Return

Phone Number of Individual Completing Return

E-mail

Signature

Date

K. TOTAL (LINE J + 9)	
L. 8% OF LINE K	
M. SUBTOTAL (LINE K - L)	
N. LATE PENALTY FEE (10% OF LINE M) AFTER MARCH 31ST	
N. LATE INTEREST FEE (1.5% PER MONTH OF LINE M) AFTER MARCH 31ST	
GRAND TOTAL DUE:	



2012 Renewal Application for Business Occupational Tax Certificate

** Failure to submit application and fees by March 31st of each year will result in penalties and interest**

ACCOUNT NO.: _____ NAICS CODE: _____ FEE CLASS: _____

Business Mailing Name and Address	Business Name and Address

Corporate/Owner Name and Address:

E-mail: _____

Phone Number: _____ Federal Tax ID: _____ Sales Tax ID: _____

PLEASE CIRCLE THE APPROPRIATE RESPONSE

Is the business engaged in International Business? YES NO

Has the business location changed? YES NO

If yes, write new address here, (**\$50.00 transfer fee**) _____

Has the mailing address changed? YES NO

If yes, write new address here: _____

Has the ownership changed? YES NO

If yes, **** APPLICATION PROCESS MUST BE COMPLETED IN OUR OFFICE****

Give a brief description of the primary business activity: _____

NOTICE: If your business is discontinued in the CITY OF SANDY SPRINGS, ENTER DISCONTINUED DATE, SIGN AND RETURN THIS FORM.

Discontinued Date _____ Name _____ Signature _____

Renewal Instructions:

PLEASE REVIEW CHANGES MADE TO THE TOTAL DUE PORTION OF THE CALCULATION WORKSHEET

1. State Licensed Professionals electing to pay a flat fee of \$400 and Licensed Insures paying a flat fee of \$150 **should not** complete the calculation worksheet portion of the renewal. Please sign and submit renewal with payment.
2. If the **Actual AND Estimated gross receipts are \$20,000 or less** omit line D & E (please do not make any adjustments).
4. Return the **Renewal Application, Signed Affidavit and a check or money order** for the total amount due by **March 31, 2012** to the City of Sandy Springs Revenue Division. Failure to return on time means the Revenue Division shall assess a onetime penalty in the amount of ten percent (10 %) and interest at a rate of 1.5 percent (1.5%) per month.
5. Make check or money order payable to: City of Sandy Springs

Any questions can be referred to the City of Sandy Springs Revenue Division at:

7840 Roswell Road-Building 500, Sandy Springs, GA 30350
Telephone 770-730-5600 Fax 770-206-2576 www.sandyspringsga.org



Affidavit Verifying Lawful Presence within the United States

I, (print name) _____, swear or affirm under penalty of perjury that (check one):

I am a United States citizen

or

I am a qualified alien or nonimmigrant under the Federal Immigration and Nationality Act 18 years of age or older lawfully present in the United States.

Alien Registration Number: _____

I am applying for the following public benefit (check one):

Alcoholic Beverage License for _____
Print Business Name

Occupation Tax Certificate for _____
Print Business Name

Door-to-Door Salesman/Solicitors Permit

Taxi Permit

Other: _____
Public Benefit Name of Business (if applicable)

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that knowingly and willfully making a false, fictitious, or fraudulent statement of representation in this affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

Applicant Signature

Date

Subscribed and sworn to before me:

(Clerk/Notary Public)

This ____ day of _____, 20____.

My commission expires: _____