

2020 OCCUPATIONAL TAX CERTIFICATE RETURN

Catoosa County
 184 Tiger Trail
 Ringgold, Georgia 30736
 (706)965-4226 fax(706)965-4104

For Office Use Only
Customer Number _____
ID Number _____

Section I – Please Answer Question 1-8

- (1) Is Business Located in the County? Yes No
- (2) Does this Business have an Occupational Tax Certificate in Another City/County in Georgia
 Yes No Where? _____
- (3) The Business Classification is Regular (i.e. Store) Professional (i.e. Doctor) Insurance Co. Bank
- (4) Is this Business Permanent Seasonal Temporary
- (5) State License? Yes No If yes License number _____
- (6) Is This Business Newly Constructed? Yes No Date _____
- (7) Has Business been Remodeled or Renovated? Yes No Date _____
- (8) Is Business Out of Business? Yes No Date _____
- (9) Everify Number?(only for businesses with more than 10 employees) _____

Section II – Please Complete the Following Accordingly

Owner Name (Corporate Or Individual)		
D/B/A (Name of Business)		
Street Address (Local Address of business)		
Mailing Address <input type="checkbox"/> Same as Street Address		
City	State	Zip
Telephone	Fax	
Contact Person	Telephone	

Section III – Check the Appropriate Category

CHECK THE TYPE OF BUSINESS TO BE CONDUCTED AT THIS LOCATION, IF BUSINESS TYPE IS NOT LISTED PLEASE LIST

- | | | | |
|--------------------------------------|---|---------------------------------------|---|
| <input type="checkbox"/> Apartment | <input type="checkbox"/> Beauty/Barber Shop | <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Store/Merchant |
| <input type="checkbox"/> Auto Dealer | <input type="checkbox"/> Hotel/Motel | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Taxi/Limousine |
| <input type="checkbox"/> Bank | <input type="checkbox"/> Insurance | <input type="checkbox"/> Service | <input type="checkbox"/> Other _____ |

Section IV – List the Number of Employees

Please list the Number of Employees Employed
 In the Business AS OF January 1, 2020

Section V – Signature

This Return Is Due on or Before the 1st of January of each year before a statement or certificate can be issued. Failure to file return by the 1st of February will result in a \$25.00 penalty. I certify that the foregoing information is true and correct. I understand that falsification of this return could cause denial of a certificate without refund. The undersigned certifies that he/she is the person duly authorized by the business herein named to file this registration and application.

Signature	Date
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Section VI – Table

Please check the appropriate box.

Table 1.1

Number of Employees:		Tax Rate
<input type="checkbox"/>	0 - 5	\$ 25.00
<input type="checkbox"/>	6 - 10	\$ 60.00
<input type="checkbox"/>	11 - 15	\$ 70.00
<input type="checkbox"/>	16 - 20	\$ 80.00
<input type="checkbox"/>	21 - 25	\$ 90.00
<input type="checkbox"/>	26 - 30	\$ 100.00
<input type="checkbox"/>	31 - 35	\$ 110.00
<input type="checkbox"/>	36 - 40	\$ 120.00
<input type="checkbox"/>	41 - 45	\$ 130.00
<input type="checkbox"/>	46 - 50	\$ 140.00
<input type="checkbox"/>	More than 50	\$ 150.00

Table 1.2

Profession/ Occupation:	Tax Rate
<input type="checkbox"/> Lawyers	\$ 400.00
<input type="checkbox"/> Physicians licensed under Chapter 34 of Title 43	\$ 400.00
<input type="checkbox"/> Osteopaths licensed under Chapter 34 of Title 43	\$ 400.00
<input type="checkbox"/> Chiropractors	\$ 400.00
<input type="checkbox"/> Podiatrists	\$ 400.00
<input type="checkbox"/> Dentists	\$ 400.00
<input type="checkbox"/> Optometrists	\$ 400.00
<input type="checkbox"/> Psychologist	\$ 400.00
<input type="checkbox"/> Veterinarians	\$ 400.00
<input type="checkbox"/> Landscape Architects	\$ 400.00
<input type="checkbox"/> Land Surveyors	\$ 400.00
<input type="checkbox"/> Practitioners of Physiotherapy	\$ 400.00
<input type="checkbox"/> Public Accountants	\$ 400.00
<input type="checkbox"/> Embalmers	\$ 400.00
<input type="checkbox"/> Funeral Directors	\$ 400.00
<input type="checkbox"/> Civil, Mechanical, Hydraulic, Electrical Engineers	\$ 400.00
<input type="checkbox"/> Architects	\$ 400.00
<input type="checkbox"/> Marriage and Family therapists, social worker, And Professional Counselors	\$ 400.00

Instructions for Returns:

The Occupational Tax Certificate Return is to be completed, signed and returned no later than the 1st day of February in order to avoid penalty. Checks are to be made payable to CATOOSA COUNTY and returned with this form. Occupational Tax Certificates will be distributed once applications have been completed. **All forms are to be returned to:**

**Catoosa County
184 Tiger Trail
Ringgold, GA 30736**



State of Georgia
Department of Revenue
1800 Century Boulevard
Atlanta, Georgia 30345

Official Addendum to Business Occupancy License Application

Required Fields

Name of Business (Legal Name or Trade Name):
Mailing Address if Different From the Physical Address:
Actual Physical Address of Each Location of Such Business if Different From the Mailing Address:
Sales Tax ID #, if Your Business is Required to Have One by Law:
Applicable North American Industry Classification System Code Number (Please list all NAICS):

NOTICE:

Upon completion or refusal to complete this form by the taxpayer, the municipality or county shall provide written notice to the taxpayer that the above information will be submitted to the Georgia Department of Revenue.

The failure or refusal to complete this form by the taxpayer shall not toll or extend the time of payment established for such occupation tax or regulatory fee under Code Section 48-13-20.

In accordance with O.C.G.A. §§ 48-2-15 and 48-7-60, all taxpayer information provided on this Form shall be confidential and privileged.

In compliance with O.C.G.A. §§ 48-1-2 and 48-8-33, the Commissioner of the Georgia Department of Revenue shall collect all sales tax remitted in Georgia.

Any questions or comments regarding the collection of sales tax or this Form should be directed to the Georgia Department of Revenue at (404) 417-6758 or e-mail David.Smith@dor.ga.gov.

Affidavit Verifying Status For County Public Benefit Application

By executing this affidavit under oath, as an applicant for a(n) Business Occupation Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. Section § 50-36-1, from Catoosa County, the undersigned applicant verifies one of the following with respect to my application for a public benefit.

- 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).

Signature of Applicant: _____ Date _____

Printed Name of Applicant:

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

Notary Public
My Commission Expires:

PLEASE COMPLETE THIS FORM IF BUSINESS HAS LESS THAN 11 EMPLOYEES

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

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs fewer than eleven employees and therefore, is not required to register with and/or utilize 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.

Signature of Exempt Private Employer

Printed Name of Exempt Private Employer

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 or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 201__.

NOTARY PUBLIC

My Commission Expires:
