2020 OCCUPATIONAL TAX CERTIFICATE RETURN

Catoosa County
184 Tiger Trail
Ringgold, Georgia 30736
(706)965-3787 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 _____

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 ☐ 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

☐Apartment	☐Beauty/Barber Shop	☐Manufacturer	☐Store/Merchant
☐Auto Dealer	☐Hotel/Motel	☐Restaurant	☐Taxi/Limousine
☐Bank	☐Insurance	☐ Service	☐ Other_____

Section IV – List the Number of Employees

Please list the Number of Employees Employees
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 after January 31 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

(OVER)

SectionVI – Table
Please check the appropriate box.

Table 1.1

Number of Employees:	Tax Rate
☐ 0 - 5	$ 25.00
☐ 6 - 10	$ 60.00
☐ 11 - 15	$ 70.00
☐ 16 – 20	$ 80.00
☐ 21 – 25	$ 90.00
☐ 26 – 30	$ 100.00
☐ 31 – 35	$ 110.00
☐ 36 - 40	$ 120.00
☐ 41 – 45	$ 130.00
☐ 46 – 50	$ 140.00
☐ More than 50	$ 150.00

Table 1.2

Profession/ Occupation:	Tax Rate
☐ Lawyers	$ 400.00
☐ Physicians licensed under Chapter 34 of Title 43	$ 400.00
☐ Osteopaths licensed under Chapter 34 of Title 43	$ 400.00
☐ Chiropractors	$ 400.00
☐ Podiatrists	$ 400.00
☐ Dentists	$ 400.00
☐ Optometrists	$ 400.00
☐ Psychologist	$ 400.00
☐ Veterinarians	$ 400.00
☐ Landscape Architects	$ 400.00
☐ Land Surveyors	$ 400.00
☐ Practitioners of Physiotherapy	$ 400.00
☐ Public Accountants	$ 400.00
☐ Embalmers	$ 400.00
☐ Funeral Directors	$ 400.00
☐ Civil, Mechanical, Hydraulic, Electrical Engineers	$ 400.00
☐ Architects	$ 400.00
☐ 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 January 31 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

Affidavit Verifying Status
For Catoosa County Public Benefit Application
(Occupational Tax Certificate)

By executing this affidavit under oath, as an applicant for a Catoosa County, Georgia Business License as referenced in O.C.G.A Section 50-36-1, I am stating the following with respect to my application for a Catoosa County, Georgia Occupational Tax Certificate, for:

_____.
(Name of Business)

_____ I am a United States citizen or legal permanent resident 18 years of age or older;

OR

_____ I am a 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.

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.

Signature of Applicant: Date

_____ _____

Printed Name:

_____

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

_____
Alien Registration number for non-citizens

Notary Public
My Commission Expires:

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 .

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:

_____

PLEASE COMPLETE THIS FORM IF BUSINESS HAS MORE THAN 10 EMPLOYEES

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 January 1, 2012, the individual, firm or corporation that employs five hundred (500) or more employees, or as of July 1, 2012, the individual, firm or corporation that employs one hundred (100) or more employees, or as of July 1, 2013 the individual, firm or corporation that employs more than 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:

_____
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 or Agent

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

_____
NOTARY PUBLIC

My Commission Expires:

_____