

**AFFIDAVIT VERIFYING STATUS
FOR CITY PUBLIC BENEFIT APPLICATION**

By executing this affidavit under oath, as an applicant for a City of Toccoa, 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 with respect to my application for a City of Toccoa, Business License or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit (circle one) for

[Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity]

1) _____ I am a United States citizen

OR

2) _____ I am a legal permanent resident 18 years of age or older or I am an otherwise 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:

*Note: O.C.G.A. § 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

**CITY OF TOCCOA
OCCUPATION TAX RETURN
YEAR 2011**

DATE: _____

PART II: TAX COMPUTATION:

- A TAX CLASSIFICATION (Classification by SIC Code) _____
- B GROSS RECEIPTS FOR 2010 _____
- C YOUR OCCUPATION TAX _____
- D MAIN STREET TAX* (15% LINE C) _____
- E TOTAL DUE CITY (LINE C + D) _____

*Applies Only to Those Businesses in the Main Street Area.

REMIT THE AMOUNT TO:

**CITY OF TOCCOA
BUSINESS/OCCUPATION TAX
P.O. BOX 579
TOCCOA, GA 30577
706-282-3225**

PAY BY APRIL 1ST!

PART III: CERTIFICATION:

I, _____ Being the _____ (Title) of the
business firm named, declare that the information contained in this return is true and correct to the best of
my knowledge.

SIGNATURE

DATE

TAX RATES

GROSS BRACKETS CLASSIFICATION SCHEDULE

RANGE BRACKETS		CLASS RATE	1	2	3	4	5	6
At Least	No More Than							
A	\$- \$5,000		\$32	\$32	\$32	\$32	\$32	\$32
B	\$5,001 \$10,000		\$33	\$33	\$34	\$34	\$34	\$35
C	\$10,001 \$25,000		\$38	\$38	\$39	\$40	\$41	\$42
D	\$25,001 \$50,000		\$45	\$47	\$48	\$50	\$52	\$54
E	\$50,001 \$75,000		\$53	\$55	\$57	\$60	\$63	\$66
F	\$75,001 \$100,000		\$60	\$63	\$66	\$70	\$74	\$79
G	\$100,001 \$150,000		\$75	\$80	\$85	\$90	\$96	\$103
H	\$150,001 \$200,000		\$90	\$96	\$103	\$110	\$118	\$127
I	\$200,001 \$250,000		\$105	\$113	\$121	\$130	\$140	\$151
J	\$250,001 \$500,000		\$181	\$196	\$212	\$231	\$251	\$273
K	\$500,001 \$750,000		\$256	\$279	\$303	\$331	\$361	\$394
L	\$750,001 \$1,000,000		\$331	\$361	\$394	\$431	\$471	\$515
M	\$1,000,001 \$1,250,000		\$407	\$444	\$486	\$531	\$581	\$637
N	\$1,250,001 \$1,500,000		\$482	\$527	\$577	\$632	\$692	\$758
O	\$1,500,001 \$1,750,000		\$557	\$610	\$668	\$732	\$802	\$879
P	\$1,750,001 \$2,000,000		\$633	\$693	\$759	\$832	\$912	\$1001
Q	\$2,000,001 \$2,500,000		\$783	\$859	\$942	\$1,033	\$1,133	\$1,243
R	\$2,500,001 \$3,000,000		\$934	\$1024	\$1,124	\$1,233	\$1,354	\$1,486
S	\$3,000,001 \$3,500,000		\$1,085	\$1,190	\$1,306	\$1,434	\$1,574	\$1,729
T	\$3,500,001 \$4,000,000		\$1,235	\$1,356	\$1,488	\$1,634	\$1,795	\$1,971
U	\$4,000,001 \$4,500,000		\$1,386	\$1,522	\$1,671	\$1,835	\$2,015	\$2,214
V	\$4,500,001 \$5,000,000		\$1,537	\$1,687	\$1,853	\$2,035	\$2,236	\$2,457

If more than \$5 million multiply Rate * Gross Receipts for Business Tax Class.
Round to the nearest dollar.