

CITY OF TOCCOA

Occupation Tax Registration and Return

This is due by January 1st of each year. Penalty will be accessed after March 1st of each year.

Business Name: _____

Physical Address: _____

Mailing Address: _____

Proprietorship, Partnership, or Corporation: _____

Name of Principal Owner or Operator: _____

Date of Business Commenced: _____

Contact Person: _____

Phone Number: _____

Number of persons Employed by Business: _____

Federal Tax I.D. or Social Security Number: _____

State Sales Tax Number (if applicable): _____

Provide Certificate of Registration

Business Description: _____

FEE: \$100

FOOD TRUCK: \$200

PROFESSIONALS: \$200

I certify that the information given on this return is true and correct, to the best of my knowledge.

Signature

Title

Date

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 _____

Photo Identification is required**

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:

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

By executing this affidavit under oath, as an applicant for a: (circle all that apply)

Occupational Tax Certificate and/or Beer and Wine License

as referenced in O.C.G.A. § 36-60-6(d), from the City of Toccoa, the undersigned applicant representing the private employer known as _____ (name of business) verifies one of the following with respect to my application for the above mentioned document:

- (a) _____ On January 1st of the below signed year the individual, firm, or corporation employed more than ten (10) employees.
- (b) _____ On January 1st of the below signed year the individual, firm, or corporation employed less than ten (10) employees.

If the employer selected (a) please fill out Section 2 below.

2. The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

Federal Work Authorization User Identification Number

Date of Authorization

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 allowed by such statute.

Executed on the ____ date of _____, 201____ in _____ (city), _____ (state)

Signature of Authorized Officer or Agent of Private Employer _____

Printed Name of Authorized Officer or Agent of Private Employer _____

Title of Authorized Officer or Agent of Private Employer _____

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

NOTARY PUBLIC

My Commission Expires:

TAX RATES

GROSS BRACKETS CLASSIFICATION SCHEDULE

RANGE BRACKETS			0.0301%	0.0331%	0.0365%	0.0401%	0.0441%	0.0485%
<i>At Least</i>	<i>No More Than</i>	CLASS RATE	1	2	3	4	5	6
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.