

CITY OF GAINESVILLE

BUSINESS/OCCUPATION TAX (BUSINESS LICENSE) NEW BUSINESS

OFFICE USE ONLY: Account No.:

NACIS Code:

Business Trade Name: _____

Business Address

Location: _____

City: _____ State: _____ Zip: _____

Phone: _____ DBA: _____

Corp. Name & Address: _____

Contact: _____ Title: _____ Phone: _____

(THIS PERSON'S NAME WILL APPEAR ON THE LICENSE)

Emergency Contact: _____ After Hours Phone: _____

(For Police & Fire Use)

Email Address: _____

Mailing Address

Name: _____

Address 1: _____

Address 2: _____

Address 3: _____

City: _____ State: _____ Zip: _____

Owner's Address

Name	Address	City	State	ZIP
------	---------	------	-------	-----

Are you a U.S. Citizen? Yes No

Dominant Line of Business: _____

(WHAT DO YOU DO OR WHAT SERVICE DO YOU PROVIDE?)

Partnership Sole Ownership

Georgia Corporation Other State Corporation

Date Opened: _____ Solid Waste Company: _____

Georgia Sales Tax No.: _____ Home Business: Yes No

Certificate of Occupancy No.: _____ Fed. I.D. or S.S. No.: _____

(REQUIRED)

State Board Certificate No.: _____ Expiration Date: _____

TAX COMPUTATION:

FULL-TIME EQUIVALENT EMPLOYEES ARE DETERMINED BY ADDING THE TOTAL NUMBER OF HOURS WORKED BY ALL EMPLOYEES PER WEEK AND DIVIDING BY 40; OR BY ADDING THE TOTAL NUMBER OF HOURS WORKED BY ALL EMPLOYEES FOR THE YEAR AND DIVIDING BY 2,080. SALARIED EMPLOYEES, EMPLOYEES WITH OVERTIME, AND OWNERS MAY BE COUNTED AS 40 HOURS PER WEEK IF THIS WOULD BE ADVANTAGEOUS TO YOU.

NEW BUSINESSES SHOULD ESTIMATE THE NUMBER OF FULL-TIME EQUIVALENT EMPLOYEES BASED UPON THEIR PROJECTIONS AND BUSINESS EXPERIENCE. THE ESTIMATE CANNOT BE LESS THAN THE NUMBER OF FULL-TIME EQUIVALENT EMPLOYEES WHICH THE BUSINESS HAS AT THE TIME IT OPENS.

ROUND TO THE NEAREST WHOLE: { .5 OR GREATER SHOULD BE ROUNDED UP; LESS THAN .5 SHOULD BE ROUNDED DOWN. } COUNT ALL PERSONS WHO WORK FOR THE BUSINESS, INCLUDING OWNERS.

PLEASE NOTE: THE CITY HAS THE RIGHT TO AUDIT YOUR BUSINESS RECORDS TO VERIFY THE ACCURACY OF INFORMATION PROVIDED ON THIS FORM.

TAX TABLE

<u>NUMBER OF EMPLOYEES</u>	<u>JAN 1st THRU JUNE 30th</u>	<u>AFTER JULY 1st</u>
0 - 1	\$ 135	\$ 67.50
2 - 2	\$ 210	\$ 105.00
3 - 4	\$ 315	\$ 157.50
5 - 7	\$ 435	\$ 217.50
8 - 10	\$ 545	\$ 272.50
11 - 15	\$ 685	\$ 342.50
16 - 20	\$ 800	\$ 400.00
21 - 27	\$ 945	\$ 472.50
28 - 35	\$ 1,073	\$ 536.50
36 - 50	\$ 1,290	\$ 645.00
51 - 75	\$ 1,630	\$ 815.00
76 - 100	\$ 2,030	\$ 1,015.00
101 - 150	\$ 2,510	\$ 1,255.00
151 - 200	\$ 2,950	\$ 1,475.00
201 - 300	\$ 3,570	\$ 1,785.00
301 - 500	\$ 4,790	\$ 2,395.00
501 - 1000	\$ 7,150	\$ 3,575.00
1,000 - PLUS	\$ 9,950	\$ 4,975.00

NUMBER OF EMPLOYEES: # _____

AMOUNT DUE FROM TAX TABLE: \$ _____

* REMIT THIS AMOUNT TO: **CITY OF GAINESVILLE
BUSINESS / OCCUPATION TAX
P. O. BOX 2496
GAINESVILLE, GA 30503**

CERTIFICATION:

I, _____, BEING THE _____
NAME TITLE

OF THE BUSINESS FIRM NAMED, DECLARE THAT THE FOLLOWING INFORMATION CONTAINED IN THIS RETURN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE: _____ DATE: _____