CITY OF MILTON

Finance Department
13000 Deerfield Parkway Suite 107F
Milton, GA 30004

OCCUPATION TAX RENEWAL APPLICATION
FOR 201__

BUSINESS LICENSE # _____

CORPORATE NAME _____
BUSINESS NAME (DBA)_____
MAILING ADDRSS _____
CITY, STATE, ZIP : _____

OWNER/MANAGER _____
PLACE OF BUSINESS (LOCAL) _____
TELEPHONE _____

Business Fee Classification is: _____
Business Type/Rate Class : _____, **(find rate on the back of this form**)

PLEASE READ THE BACK OF THIS FORM FOR ADDITIONAL INSTRUCTIONS!!!!

** GROSS RECEIPTS CALCULATION**				**PROFESSIONALS CALCULATION**
Gross Receipts for previous year		$		# of Professionals X $400
Multiply by Rate Class Multiplier		X		
Gross Receipts Tax	**(1)**	=		**REMIT AMOUNT CALCULATED ABOVE**
Plus Administration Fee	**(2)**	+	$75.00	
After 3/31, add 10% Penalty and 1.5% interest per month	**(3)**	+		**After 3/31, add 10% Penalty and 1.5% interest per month**
REMIT LINES 1 +2 +3		=		

# OF EMPLOYEES CALCULATION				**HOME-BASED CALCULATION**		
Number of FTE Employees				**Home Based Flat Fee**	**(1)**	$100.00
Multiply by 7.00		X	$ 7.00	**Plus Administrative Fee**	**(2)**	+ $75.00
FTE Employee Tax	**(1)**			**After 3/31, add 10% Penalty and 1.5% interest per month**	**(3)**	+
# FT ___ # PT____		=		**REMIT LINES 1 +2 +3**		=
Application Fee	**(2)**	+	$150.00			
Plus Administrative Fee	**(3)**	+	$ 75.00			
After 3/31, add 10% Penalty and 1.5% interest per month	**(4)**	+				
REMIT LINES 1 +2 + 3 +4		=				

PAYABLE TO THE CITY OF MILTON

Certification: I hereby, do register and apply to operate business within the city limits of Milton, Georgia, and I further certify that the information contained in this application is true and correct, to the best of my knowledge.

*****FORM MUST BE SIGNED AND DATED*****

APPLICANT _____ DATE _____

ADDITIONAL CALCULATION INSTRUCTIONS

Business Fee Classification is _____ – follow the appropriate instructions below to calculate your Occupational Tax fees.

OF EMPLOYEES

FTE = Full Time Equivalent Employee. To calculate the FTE, use the following guidelines:
Full Time Employee (40 hours per week) = 1 FTE
Part Time Employees – add all hours worked by part time Employees (less than 40 hours per week) and divide by 40.
Example: Total part time hours = 80 divide by 40 Hours
Part Time FTE = 2 FTE

Occupational Tax Certificates calculated on # of Employees shall pay the *Administration Fee of $75.00

PROFESSIONALS

All professionals shall pay $400.00 per professional in the same office

HOME BASED BUSINESS

Home Based Businesses shall pay a flat fee of $100, plus the *Administration Fee of $75.00

GROSS RECEIPTS

Gross Receipts is the Total Income from Schedule C of your Annual 1040 Filing with the Internal Revenue Service. This is all monies earned/received prior to any deductions, from January through December.

Below, identify the applicable Rate Class, and the corresponding Gross Receipts calculation amount. Use the calculation amount noted here to calculate your Occupation

CLASS	RATE	CLASS	RATE
Rate Class (01)	.00050	Rate Class (13)	.00159
Rate Class (02)	.00079	Rate Class (14)	.00164
Rate Class (03)	.00085	Rate Class (15)	.00168
Rate Class (04)	.00089	Rate Class (16)	.00174
Rate Class (05)	.00095	Rate Class (17)	.00178
Rate Class (06)	.00114	Rate Class (18)	.00184
Rate Class (07)	.00119	Rate Class (19)	.00188
Rate Class (08)	.00133	Rate Class (20)	.00194
Rate Class (09)	.00130	Rate Class (21)	.00198
Rate Class (10)	.00144	Rate Class (22)	.00208
Rate Class (11)	.00149	Rate Class (23)	.00213
Rate Class (12)	.00154	Rate Class (24)	.00220

Occupational Tax Certificates calculated on Gross Receipts shall also pay the *Administration Fee of $75.00.

Any Renewal Received AFTER March 31 by the CITY OF MILTON shall be subject to:
10% Penalty + 1.5% Interest Rate Per Month Delinquent
In addition, delinquent businesses are subject to a formal warning on or around April 15th &
a written citation on or around May 15th
Mail to: City of Milton
Finance Department
13000 Deerfield Parkway Suite 107F
Milton, GA 30004

AFFIDAVIT OF PRESENCE IN THE UNITED STATES
O.C.G.A § 50-36-1

STATE OF GEORGIA §

CITY OF MILTON §

Personally appeared before me, the undersigned deponent on the ____ day of _____, 20___ who being duly sworn deposes and says on oath that:

My name is _____. I suffer no mental disabilities. I am able and competent to testify to the information and statements contained in this affidavit. I have read this affidavit, or have had it read to me, and I fully understand its contents. I am executing this affidavit for purposes of compliance with O.C.G.A. § 50-36-1.

[INITIAL AND CHECK APPROPRIATE STATEMENT]

____ ❑ I am a United States citizen 18 years of age or older.
____ ❑ I am a non-citizen who is a legal permanent resident, qualified alien or nonimmigrant under the federal Immigration and Nationality Act 18 years of age or older lawfully present in the United States.

Provide Alien Number: *_____

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.

Signed and sealed in the presence of:

Affiant:

_____
Notary Public
My Commission Expires:

_____
Signature

_____
Printed Name

[Notary Seal]

*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, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Section 1. Please check only one:

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

*** If you select Section 1(A), please fill out Section 2 and then execute below.

(B) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

*** If you select Section 1(B), please skip Section 2 and execute below.

Section 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. The undersigned private employer also 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: _____
_____

[1]To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.