



# Carroll County Department of Community Development

423 College Street  
P.O. Box 338

Carrollton, GA 30117  
(770) 830-5861

## Application for Renewal of Occupational Tax Certificate or Home Occupation

Business Name: \_\_\_\_\_

Business Location: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ E-Verify Number: \_\_\_\_\_ Business Type: \_\_\_\_\_

*If business is a partnership or corporation, please attach a list of the names, home phone numbers, and addresses of all partners, officers, or directors.*

### Business Owner/Applicant Information

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Applicant E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ State Card #: \_\_\_\_\_

### Acknowledgement

I (we) understand that the Occupational Tax Fee is based on the Total Gross of the business. I (we) will submit a copy of the Federal Income Tax forms for the business to Carroll County Department of Community Development to be placed in our file.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_



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## E-VERIFY EXEMPTION

JULY 2013: PRIVATE EMPLOYER 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 as of **JULY 1, 2013**, the individual, firm, or corporation employs **fewer than ten (10)** 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.

### IF THE BUSINESS HAS LESS THAN 10 EMPLOYEES SIGN BELOW:

Name of **Exempt** Private Employer:

\_\_\_\_\_

Signature of **Exempt** Private Employee/Agent:

\_\_\_\_\_

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_, \_\_\_\_\_ in \_\_\_\_\_,  
                  [MONTH]                  [DAY]                  [YEAR]                  [CITY]                  [STATE]

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

\*\*This affidavit is for use from JULY 1, 2013.

Notary

Sworn to and subscribed before me on this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Seal:



## OCCUPATIONAL TAX/HOME OCCUPATION ESTIMATE FORM

**Business Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Estimated Gross Receipts:** \_\_\_\_\_ **Total Fee Due** \_\_\_\_\_  
*(calculated by Worksheet)*

**Business Owners Signature:** \_\_\_\_\_ **Tax Forms Enclosed?** Yes No

Calculate your payment using the following table and the information on your renewal letter/license. If you have an OTC, use Worksheet A; a Home Occupation, use Worksheet B.

### Occupational Tax Class Table

Tax Class	Tax Rate on Gross Receipts	Rate per \$1,000 of Gross
1	0.00050	\$0.50
2	0.000625	\$0.625
3	0.00075	\$0.75

**Example:**

If your business total gross estimate is \$2,000,000.00 and the tax class is 1:

\$2,000,000.00 (Total Gross receipts)  
x .00050 (multiplied by the tax class )  
-----  
1000.00 (License Fee)

Add the administration fee of \$35.00

Your O.T. total =\$1025.00

If your Business has a sign\* add \$25.00 = \$1050.00

**Staff will verify that you have applied the correct license fee before issuing a license.**

*\*This is for existing signage only. New signage will require the submittal of a sign permit application.*

<p><b>Worksheet A. Occupational Tax Certificate</b></p> <p>_____ Total Gross Receipts x _____ Tax Rate on Gross Receipts = _____ License Fee + \$35 Administration Fee + \$25 for Sign Renewal (if Business has signage) = _____ Total Amount Due</p>	<p><b>Worksheet B. Home Occupation</b></p> <p>_____ Total Gross Receipts x _____ Tax Rate on Gross Receipts = _____ License Fee + \$35 Administration Fee + \$125 Application Fee = _____ Total Amount Due</p>
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### Tax Extension Request

I, \_\_\_\_\_, would like to request an extension on my Occupational Tax. I understand that I will be required to submit a copy of my Federal Income Tax return as soon as it is completed and filed. I also understand that I am to provide the Department of Community Development with this information no later than December 1<sup>st</sup> of this year.

**Note:** If an extension has been requested, we require a copy of the Extension Request that was sent to the Internal Revenue Service.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

\*According to Georgia Dept. of Revenue Tax Guide, all taxpayers must file a return for each period even if their business did not operate or there were no taxable sales.