

CITY OF SWAINSBORO

2012 Occupation Tax Return Form

Date: _____

Name of Business (As you would like it to appear on your license)			EIN#		
Mailing Address			Location of Business		
City	State	Zip Code	City	State	Zip Code
Business Telephone			Starting Date		
Describe Principle Type of Business			NUMBER OF EMPLOYEES (See explanation below on how to calculate correct number)** THIS SECTION MUST BE FILLED IN		
Owner's Name (As you would like it to appear on the license)					

Occupation Tax (Business License) Fee Calculation**

Based on the Number of Employees (Use Chart Below)

Based on Number of Employees (An employee is defined as an individual whose work is performed under the direction and supervision of the employer and whose employer withholds FICA, Federal Income Tax, or State Income Tax from such individual's compensation or whose employer issues to such an individual for purposes of documenting compensation an IRS W-2 form, not an IRS 1099 form) There will be an additional \$15.00 fee charged for additional copies of license or name changes (under the same ownership) during the year of the current license.

1-5 Employees-----	\$165.00
6-10 Employees-----	\$340.00
11-15 Employees-----	\$440.00
16-20 Employees-----	\$605.00
21-30 Employees-----	\$825.00
31-40 Employees-----	\$1045.00
41-50 Employees-----	\$1500.00
Over 50 Employees-----	\$1900.00

The city retains the right to examine IRS employment records to verify the validity of this document.

I hereby certify that the information reported on this form is true and correct.

Sworn to me this date _____

(Witness)

(Printed name of authorized person)

(Name of person filling out report)	(Signature of authorized person)
Please return completed form with your check for the total above to the City of Swainsboro, Attention: Occupational Tax Office P.O. Box 600 Swainsboro, GA 30401	