

**FOR TREASURY USE ONLY**

- COMPLETE RENEWAL APP
- CITIZENSHIP AFDVT.
- PRIVATE EMPLOYER AFDVT
- PAYMENT CALCULATION
- PROOF OF INSURANCE
- STATE LICENSE
- PROCESSED BY \_\_\_\_\_

**FOR TREASURY USE ONLY**

- CITIZEN SERVE UPDATED
- DOCUMENTS SCANNED
- DOCUMENTS UPLOADED
- ACCOUNT NOTATED
- LICENSE ISSUED
- PROCESSED BY \_\_\_\_\_

## CITY OF ALBANY OCCUPATIONAL TAX RENEWAL APPLICATION

**ALL INFORMATION MUST BE TYPED OR PRINTED. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.**

CURRENT LICENSE (OTC) NUMBER: \_\_\_\_\_

E-VERIFY NUMBER: \_\_\_\_\_

APPLICATION DATE: \_\_\_\_\_

DATE OF AUTHORIZATION: \_\_\_\_\_

Check if Non-profit

**Section I. Business Information:**

BUSINESS NAME (DBA IF APPLICABLE): \_\_\_\_\_

BUSINESS STREET ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

EMAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

**(if different from above)**

CITY/STATE/ZIP: \_\_\_\_\_

BUSINESS OWNER: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CONTACT PERSON #2: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

**Number of Employees**

(Nationwide for the company) \_\_\_\_\_

**WERE YOU BORN IN THE U.S.?** YES  NO

Please complete the form "[Affidavit Verifying Status for City Public Benefit Application](#)" and submit, along with proof of citizenship status.

**(Applicable to Professionals, Contractors and Sub-contractors)**

NAME ON STATE LICENSE \_\_\_\_\_

STATE LICENSE NUMBER: \_\_\_\_\_

**\*ATTACH COPY OF LICENSE**

**Three ways to renew:**

1. Submit your renewal application and payment in person (see address at the top of page).
2. Submit your renewal application and payment online by visiting [www.albany.ga.us](http://www.albany.ga.us) (click on "Online Services" -> "Occupational Tax Certificate Payments and Business Search" -> "My Account" to log in. Then click on your license number. Please note: You must upload all applicable documents, make a payment, and leave a message.
3. Submit your renewal application and payment by mail (see address at the top of page).

Please be advised that the deadline to renew is January 31<sup>st</sup>.

Convenience fees apply to all renewal applications submitted online. If your application is submitted incomplete, any documents and/or payments will be returned to you unprocessed. Any late penalty and interest shall apply.

**Section II. Fee Computation-Flea Markets and Malls**

Any person, firm, or company with an operation selling new or used merchandise is required to obtain an Occupational Tax Certificate. Independent vendors of flea markets, bazaars, and mail trade shows are not subject to the regular occupational tax schedule and are taxed annually in accordance with the following schedule:

- 1. License Fee: \$50.00
  - 2. Occupational Tax: \$1,000.00
  - 3. Number of tables, booths, or stalls \_\_\_\_\_ X \$3.00 = \_\_\_\_\_
- Tax Subtotal: \_\_\_\_\_

**Section III. Fee Computation –Professionals (Lawyers, CPAs, Doctors, and Engineers)**

Pick one of the following methods (Section III. Number of Professionals OR Section V. Gross Receipts) to calculate the Occupational Tax due.

- 1. Number of Professionals \_\_\_\_\_ x \$400 = \_\_\_\_\_  
Please include list of professionals accounted

**Section IV. Fee Computation-Insurance Companies**

- 1. Insurance Agencies/Companies \_\_\_\_\_ x \$150 = \_\_\_\_\_

**Section V. Fee Computation-All other Businesses not classified above**

- 1. Enter total in state gross receipts (before deductions) \_\_\_\_\_
- 2. Multiply by Tax Rate \_\_\_\_\_  
*(See Occupational Tax Schedule below. Your tax class can be found on your current Occupational Tax Certificate)*
- 3. If amount calculated is less than \$125 enter \$125.00 (Min.) = \$ \_\_\_\_\_  
If amount calculated is more than \$9,000, enter \$9,000.00 (Max)  
If using min. or max., copy this amount on Line 1 below.

**Line 1- Tax Subtotal (Section II-V):** \_\_\_\_\_

TAX CLASS	TAX RATE (PERCENT)
1	0.000348
2	0.00057
3	0.00066
4	0.00066
5	0.00078
6	0.00102

**Line 2- Convenience Fee 3% online renewal (Line 1 x 0.03):** \_\_\_\_\_

**Line 3- Late Interest 1.5% per month, beginning February 1st (Line 1 x .015 x # of months late):** \_\_\_\_\_

**Line 4- Late Penalty 10%, if submitting on or after May 1<sup>st</sup> (Line 1 x .10):** \_\_\_\_\_

**Total Due (Sum Lines 1-4):** \_\_\_\_\_

I hereby certify that the information reported herein as well as supplemental attachments are true and correct under penalty of law as set forth by the City of Albany Occupation Tax Ordinance as now or hereafter amended.

\_\_\_\_\_  
 APPLICANT SIGNATURE      PRINT NAME      TITLE      DATE