

## City of Albany

### OCCUPATIONAL TAX RENEWAL APPLICATION

CURRENT LICENSE (OTC) NUMBER: \_\_\_\_\_ Tax Class: \_\_\_\_\_ APPLICATION DATE: \_\_\_\_\_

#### SECTION I. BUSINESS INFORMATION:

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

TYPE OF BUSINESS: \_\_\_\_\_ NO. OF EMPLOYEES: \_\_\_\_\_

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

EMAIL: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

\*\*\*\*Choose a section below that applies to your business. \*\*\*\*

#### SECTION II. Flea Market, Malls or Bazaars:

1. Occupational Tax: \$1,000.00
2. Number of tables, booths, or stalls \_\_\_\_\_ x \$3.00 = \_\_\_\_\_  
Tax Subtotal: \_\_\_\_\_

#### SECTION III. FEE COMPUTATION-PROFESSIONALS (LAWYERS, CPA, DOCTORS, AND ENGINEERS)

Number of Professionals \_\_\_\_\_ X \$400 = \_\_\_\_\_  
Please include list of professionals accounted

#### SECTION IV. FEE COMPUTATION-INSURANCE COMPANIES

Insurance Agencies/Companies \_\_\_\_\_ X \$150 = \_\_\_\_\_

#### SECTION V. FEE COMPUTATION-ALL OTHER BUSINESS NOT CLASSIFIED ABOVE

1. Enter total in state **Gross receipts** (less revenue taxable by another Georgia city or county) \_\_\_\_\_
2. Multiply by Tax Rate "**SEE TAX RATE CHART BELOW**"  
(See Occupational Tax Schedule below. Your tax class can be found on your current Occupational Tax Certificate) X \_\_\_\_\_
3. If amount calculated is less than \$125 enter \$125.00 (Min.) = \$ \_\_\_\_\_  
If amount calculated is more than \$9,900 enter \$9,900.00 (Max)  
If using min. or max., copy this amount on Line 1 below. SUBTOTAL

TAX CLASS	TAX RATE (PERCENT)	TAX CLASS	TAX RATE (PERCENT)	TAX CLASS	TAX RATE (PERCENT)
<b>1</b>	.000351	<b>2</b>	.00058	<b>3</b>	.00067
<b>4</b>	.00071	<b>5</b>	.00079	<b>6</b>	.00103

#### AFTER APRIL 15<sup>TH</sup>

**Line 1- Tax Subtotal (From Section above):** \_\_\_\_\_

**Line 2- Line Interest 1.5% per month (Number of Months late \_\_\_\_\_ x .015) =** \_\_\_\_\_

**Line 3- Late Penalty 10% after July 15<sup>th</sup> (Line 1 x .10):** \_\_\_\_\_

**Total Due (Sum Lines 1-3):** \_\_\_\_\_

**(Oath)** 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 Occupational Tax Ordinance as now or hereafter amended.

\_\_\_\_\_  
APPLICANT SIGNATURE

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

Please remit payment to: The City of Albany, 240 Pine Avenue, Suite 150, P.O. Box 447, Albany, Georgia 31701. (229) 431-2118