

SANDY SPRINGS 2019 RENEWAL APPLICATION FOR BUSINESS OCCUPATIONAL TAX CERTIFICATE WORKSHEET

ACCOUNT NO: _____ **FEE CLASS:** _____ **RATE:** _____ (SEE ENCLOSED RATE SHEET)

PROFESSIONAL PRACTITIONERS (\$400.00) AND INSURANCE COMPANIES (\$150.00) DO NOT NEED TO COMPLETE THE CALCULATION WORKSHEET.
PLEASE SIGN THE BOTTOM AND RETURN TO THE CITY OF SANDY SPRINGS REVENUE DEPARTMENT ALONG WITH PAYMENT.

INCOMPLETE FORMS CANNOT BE PROCESSED - COMPLETE BOTH SIDES OF FORM IN ITS ENTIRETY

| PREVIOUS YEAR CALCULATIONS: | 2018 | CURRENT YEAR ESTIMATES | 2019 |
|--|------|---|--------------------|
| A. Actual Gross Receipts from Previous Year | | 1. Estimated Gross Receipts for Current Year | |
| a. Sales, Use or Excise Taxes | | a. Sales, Use or Excise Taxes | |
| b. Inter-organizational Sales | | b. Inter-organizational Sales | |
| c. Payments to Sub-Contractors | | c. Payments to Sub-Contractors | |
| d. Out of State Sales | | d. Out of State Sales | |
| e. Sales Returns and Allowances | | e. Sales Returns and Allowances | |
| f. Total Deductions (add a through e) | | f. Total Deductions (add a through e) | |
| B. Subtract Deductions from Actual Gross Receipts (A-f) cannot be less than \$20,000.00 | | 2. Subtract Deductions from Estimated Gross Receipts (1-f) cannot be less than \$20,000.00 | |
| C. Estimated Gross Receipts From Previous Year | | 3. Standard Deduction | \$20,000.00 |
| D. Gross Receipts Adjustment = B – C (+ or -) | | 4. Subtract Line 2 minus Line 3 (use 0 if amount is negative) | |
| E. Tax Adjustment = Line D x rate | | 5. Multiply Line 4 by Rate | |
| F. Actual Employee Count from Previous Year | | 6. No. of Employees _____ x \$13.00 | |
| G. Estimated Employee Count From Previous Year | | 7. Flat Fee \$50.00 | \$50.00 |
| H. Employee Adjustment Base = Line F-G (+ or -) | | 8. Administrative Fee \$75.00 | \$75.00 |
| I. Employee Adjustment = Line H x \$13.00 (+ or -) | | 9. Subtotal – (Add Lines 5 through 8) | |
| J. Business Tax Adjustment Fee from Previous Year = Line E + I | | | |
| <i>I hereby certify, under penalty of perjury, that statements made herein knowledge are true and correct</i> _____ <i>Print Name & Title of Individual Authorized to Complete Return</i> _____ <i>Phone Number of Individual Completing Return</i> _____ <i>Signature</i> | | AA. TOTAL (Line J + LINE 9) | |
| | | BB. 8% OF LINE AA | |
| | | CC. SUBTOTAL (LINE AA MINUS LINE BB) | |
| | | K. Late Penalty Fee (10% of Line CC) After March 31st | |
| | | L. Late Interest Fee (1.5% per month of Line CC) After March 31st | |
| | | M. Physical business location \$50.00 transfer fee (if applicable) | |
| | | Grand total DUE: | |

**2019 Renewal Application for
Business Occupational Tax Certificate**

** Failure to submit application and fees by **March 31st** will result in penalties and interest**

INCOMPLETE FORMS WILL NOT BE PROCESSED
COMPLETE BOTH SIDES OF FORM IN ITS ENTIRETY

ACCOUNT NO: _____ NAICS CODE: _____ FEE CLASS: _____

| | |
|-----------------------------------|---------------------------|
| Business Mailing Name and Address | Business Name and Address |
|-----------------------------------|---------------------------|

Corporate/Owner Name and Address:

E-mail: AMG@GPMLIFE.COM

Phone Number: _____ Federal Tax ID: _____ Sales Tax ID: _____

PLEASE SELECT THE APPROPRIATE RESPONSE

Is the business engaged in International Business? YES NO

Has the **physical business location** changed? YES NO

If yes, new address here, (include \$50.00 transfer fee before GRAND TOTAL DUE on worksheet)

Has the *mailing address* changed? YES NO

If yes, write new address here: _____

Has the ownership or Tax ID/EIN changed? YES NO

If yes, ****NEW APPLICATION PROCESS MUST BE COMPLETED IN OUR OFFICE**** (PROOF OF OWNERSHIP NEEDED)

Give a brief description of the primary business activity:

NOTICE: If your business is discontinued or no longer in the CITY OF SANDY SPRINGS, enter the DISCONTINUED DATE, SIGN and RETURN THIS FORM to properly close the account.

Discontinued Date _____ Name _____ Signature _____

Renewal Instructions:

PLEASE REVIEW CHANGES MADE TO THE TOTAL DUE PORTION OF THE CALCULATION WORKSHEET

If you process your renewal on-line, the signature page will need to be received via fax or email at Revenue@sandyspringsga.gov prior to release of the "2019 Occupation Tax Certificate"

If the **Actual (line B) AND Estimated gross receipts (line C)** are \$20,000 or less, omit line D & E (please do not make any adjustments).

Return the **Completed Renewal Application, check, money order, or cashier's check** for the total amount - due by or postmarked by **March 31, 2019** to City of Sandy Springs. Failure to receive or postmarked by **March 31, 2019** will incur a one-time penalty fee in the amount of 10% and interest at a rate of 1.5% per month.

Payments may be paid in person with cash, check or any major credit cards (debit/credit cards incur a 5% surcharge),
Checks, money orders, and cashier's checks should be made payable to:

City of Sandy Springs

****PLEASE INCLUDE CURRENT GOVERNMENT ISSUED PICTURE ID WITH COMPLETED RENEWAL****

Please Note: The City of Sandy Springs accepts online payments via credit/debit card and eChecks (surcharges apply).

Please visit: www.sandyspringsga.gov for information and to make an online payment.

Questions can be referred to the City of Sandy Springs Revenue Division at:

1 Galambos Way, Sandy Springs, GA 30328

Telephone 770-730-5600 –IVR 770-206-2075 (OPTION #2 or #4) - Fax 770-206-2576 www.sandyspringsga.gov