



Account ID: _____

2017 Occupational Tax Application

Business Legal Name _____ Business Phone _____

Business Address _____
Name & Number of Street City State Zip

Business Mailing Address _____

Email Address _____ Any Associated Trade Names _____

Federal Employer ID Number _____ Social Security Number (if Sole Proprietor) _____

Georgia Sales & Use Tax # _____ State License Number _____

Business Type (be very specific as to what you will be doing) _____

Ownership Information

Sole Proprietor Partnership Corporation Limited Liability (LLP)

Name of owner, or name of agent if Corporation or LLC Home Address City State Zip

Home Phone Number Cell Number Fax Number

Additional owner's name if partnership Home Address City State Zip

Home Phone Number Cell Number Fax Number

If Corporation or LLC, what is the EXACT, complete name as it's registered with the Georgia Secretary of State's Office: _____

Corporate Name Corporate Address City State Zip

IMPORTANT: It is the responsibility of the business owner to keep state cards, insurance, and bonds updated and supplied to the county. Please make sure to bring this paperwork with you (if applicable) when applying for your business license, as well as your photo ID.

Occupational Tax Calculation

1-5 Employees \$50.00

6-10 Employees \$100.00

11-20 Employees \$200.00

21-30 Employees \$300.00

31-40 Employees \$400.00

41-50 Employees \$500.00

More than 50 Employees \$600.00

I understand that it is my responsibility to renew my tax certificate each year by paying the amount owed by January 31, 2015. Additionally, I must notify the County in writing of any updates in the address, phone number, or status of my business. I certify that the above information is true and accurate and contains no false or fraudulent information. I understand that this information, or refusal to provide information, will be provided to the Georgia Department of Revenue per O.C.G.A Section 48-13-20.

The State of Georgia now requires all applicants for a registered business to complete the following and have it notarized. By executing this affidavit under oath, as an applicant for Lincoln County, Georgia Occupational Tax Certificate, or other public benefit as referred in O.C.G.A Section 50-36-1, I swear or affirm under oath the following with respect to my application/renewal for a Lincoln County Occupational Tax Certificate.

PLEASE SELECT ONE OF THE FOLLOWING:

_____ I am a United States citizen or legal permanent resident 18 years of age or older.

OR

_____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.

*If not a Legal Permanent Resident 18 years of age or older or a United States Citizens, then please provide a copy of supporting documentation front and back.

*Alien registration number for non-citizens: _____

*NOTE: O.C.G.A §50-36-1 (e) (2) required that aliens under the Federal Immigration and Nationality Act, title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another indentifying number:

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of violation of Code Section 16-10-20 of the Official Code of Georgia.

SIGNATURE OF AGENT/OWNER: _____ DATE: _____

PRINTED NAME: _____

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY OF _____, 20____

NOTARY PUBLIC: _____

My Commission Expires: _____

Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, as an applicant for an OCCUPATIONAL TAX CERTIFICATE as referenced in O.C.G.A. § 36-60-6(d), from LINCOLN COUNTY, GA. the undersigned applicant representing the private employer known as _____ verifies one of the following with respect to my application for the above mentioned document:

1. Fill out this section between January 1, 2012 and June 30, 2012.

- (a) ___ On January 1st of the below signed year the individual, firm, or corporation employed five hundred (500) or more employees.
- (b) ___ On January 1st of the below signed year the individual, firm, or corporation employed less than five hundred (500) employees.

If the employer selected 1(a) please fill out Section 4 below.

2. Fill out this section between July 1, 2012 and June 30, 2013.

- (a) ___ On January 1st of the below signed year the individual, firm, or corporation employed One hundred (100) or more employees.
- (b) ___ On January 1st of the below signed year the individual, firm, or corporation employed less than one hundred (100) employees.

If the employer selected 2(a) please fill out Section 4 below.

3. Fill out this section on or after July 1, 2013.

- (a) ___ On January 1st of the below signed year the individual, firm, or corporation employed more than ten (10) employees.
- (b) ___ On January 1st of the below signed year the individual, firm, or corporation employed less than ten (10) employees.

If the employer selected 3(a) please fill out Section 4 below.

4. The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

Federal Work Authorization User Identification Number

Date of Authorization

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties allowed by such statute.

Executed on the _____ date of _____, 201__ in LINCOLNTON, Georgia

Signature of Authorized Officer or Agent

Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY OF _____, 201__.

NOTARY PUBLIC

My commission expires: _____