

OCCUPATIONAL TAX RETURN



City of Senolia
 P.O. Box 310
 Senolia, GA 30276

Please fill in all information applicable, **type or print** with ball point pen.

1. **check** renewal new **Yearly gross receipt bracket**
one amended Started new business date: _____
Sold or closed business date: _____

2.

| Business Name | Address | City, State | Zip Code | Describe Business |
|---------------|---------|-------------|----------|-------------------|
|---------------|---------|-------------|----------|-------------------|

3. Mailing address (if different than above): Street or P. O. Box _____, City _____ (Indicate State & Zip Code if not Senolia)

Phone Number: _____

4. **Check one:** partnership corporation sole owner

5. **Name and Address of Owners:**

6. **Is business carried on under a trade name other than the one on line 2?** yes no

7. **Is business carried on at locations other than the one shown on line 2?** yes no

8. In accord with Business Ordinance, City of Senolia, Georgia, I, the undersigned, certify that I am the person duly authorized by the business herein named to file this return, including the accompanying schedules and statements and that the same are true, correct, and complete.

FOR OFFICE USE ONLY

Applicant Signature _____ NAICS# _____ Tax Class _____ Occ. Tax #Amount of Occ. Tax

The _____ day of _____, 20____.



**City of Senolia
Affidavit Verifying Status for Public Benefits**

By executing this affidavit under oath, as an applicant for a City of Senolia, Georgia Occupational Tax Certificate, Alcohol License or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a City of Senolia, Georgia Occupational Tax Certificate, Alcohol License or other public benefit (circle one) for

(Name of natural person applying on behalf of individual,
business, corporation, partnership or other private entity)

- 1) _____ I am a United States citizen

- 2) _____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.*

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 Code Section 16-10-20 of the Official Code of Georgia.

Signature of Applicant:

Date:

Printed Name:

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

Notary Public
My Commission Expires:

* _____
Alien Registration Number for non-citizens

E-verification
Employer Exemption



City of Senolia
P.O. Box 310
Senolia, GA 30276

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

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs less than ten (10) employees and therefore, is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90.

Signature of Exempt Private Employer

Printed Name of Exempt Private Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, _____, 201__ in _____(city), _____(state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

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

NOTARY PUBLIC
My Commission Expires:



Occupational Tax
Everify Affidavit

City of Senolia
P.O. Box 310
Senolia, GA 30276

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

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation employs more than ten employees and has registered with and utilizes the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number

Web address: <https://e-verify.uscis.gov/enroll>

Date of Authorization

Name of Private Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, ____, 201__ in _____(city), _____(state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

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

NOTARY PUBLIC

My Commission Expires:

**GEORGIA LAW REQUIRES THAT WE KEEP THIS INFORMATION
CONFIDENTIAL
GROSS RECEIPTS BRACKETS**

| Bracket | Range In Dollars | | |
|----------------|-------------------------|---|--------------|
| 1. | \$ 0 | - | \$9,999 |
| 2. | \$10,000 | - | \$24,999 |
| 3. | \$25,000 | - | \$49,999 |
| 4. | \$50,000 | - | \$74,999 |
| 5. | \$75,000 | - | \$99,999 |
| 6. | \$100,000 | - | \$149,999 |
| 7. | \$150,000 | - | \$199,999 |
| 8. | \$200,000 | - | \$249,999 |
| 9. | \$250,000 | - | \$299,999 |
| 10. | \$300,000 | - | \$349,999 |
| 11. | \$350,000 | - | \$399,999 |
| 12. | \$400,000 | - | \$499,999 |
| 13. | \$500,000 | - | \$599,999 |
| 14. | \$600,000 | - | \$699,999 |
| 15. | \$700,000 | - | \$799,999 |
| 16. | \$800,000 | - | \$899,999 |
| 17. | \$900,000 | - | \$999,999 |
| 18. | \$1,000,000 | - | \$1,249,999 |
| 19. | \$1,250,000 | - | \$1,499,999 |
| 20. | \$1,500,000 | - | \$1,749,999 |
| 21. | \$1,750,000 | - | \$1,999,999 |
| 22. | \$2,000,000 | - | \$2,249,999 |
| 23. | \$2,250,000 | - | \$2,499,999 |
| 24. | \$2,500,000 | - | \$2,749,999 |
| 25. | \$2,750,000 | - | \$2,999,999 |
| 26. | \$3,000,000 | - | \$3,249,999 |
| 27. | \$3,250,000 | - | \$3,499,999 |
| 28. | \$3,500,000 | - | \$3,749,999 |
| 29. | \$3,750,000 | - | \$3,999,999 |
| 30. | \$4,000,000 | - | \$4,249,999 |
| 31. | \$4,250,000 | - | \$4,499,999 |
| 32. | \$4,500,000 | - | \$4,749,999 |
| 33. | \$4,750,000 | - | \$4,999,999 |
| 34. | \$5,000,000 | - | \$5,499,999 |
| 35. | \$5,500,000 | - | \$5,999,999 |
| 36. | \$6,000,000 | - | \$6,499,999 |
| 37. | \$6,500,000 | - | \$6,999,999 |
| 38. | \$7,000,000 | - | \$7,499,999 |
| 39. | \$7,500,000 | - | \$7,999,999 |
| 40. | \$8,000,000 | - | \$8,499,999 |
| 41. | \$8,500,000 | - | \$8,999,999 |
| 42. | \$9,000,000 | - | \$9,499,999 |
| 43. | \$9,500,000 | - | \$9,999,999 |
| 44. | \$10,000,000 | - | \$14,999,999 |
| 45. | \$15,000,000 | - | \$19,999,999 |
| 46. | \$20,000,000 | - | \$29,999,999 |
| 47. | \$30,000,000 | - | \$44,999,999 |
| 48. | \$45,000,000 | - | \$69,999,999 |
| 49. | \$70,000,000 | - | \$99,999,999 |
| 50. | \$100,000,000 AND OVER | | |