

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)
1	.000351	2	.00058	3	.00067
4	.00071	5	.00079	6	.00103

Line 1- Tax Subtotal (From Section above): _____

Line 2- Late Interest 1.5% per month, beginning March 15th (Line 1 x .015 x # month late): _____

Line 3- If failure to renew exists more than 90 days after March 15th a Late Penalty of 10% (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