

City of Irwinton

Occupation Tax Return

Date: _____

Name of Business:	
Mailing Address:	
Location of Business:	Date Established:
Describe Principal Type or Business Conducted:	

Based on Number of Employees (An employee is defined as an individual whose work is performed under the direction and supervision of the employer withholds FICA, federal tax income, or state income tax from such individual's compensation or whose employers issues to such individual for purposes of documenting compensation for IRS W-2 but not a form IRS 1099.)

0-3 Employees	\$40.00
4-9 Employees	\$60.00
10-15 Employees	\$90.00
Over 15 Employees	\$100.00
Administrative Fee (Must be added)	\$10.00
Penalty Charge if paid after April 1st – (10% of cost added)	
Total Amount Due	

I hereby certify that the information reported herein is true and correct.

Signature of Authorized Person Reporting

Printed Name of Authorized Person

Title of Authorized Person Reporting: _____