CITY OF McRAE-HELENA
OCCUPATIONAL TAX RETURN
Please return with your check to:
City of McRae-Helena
P.O. Box 55157
McRae Helena, GA 31055
YEAR 2026 ESTIMATE

Name of Business:
Mailing Address:

Location of Business:_____ Date Started:_____
Describe Principle Type
of Business Conducted:_____Tax Classification #:_____

	Column A 2026 Estimate
A. Corresponding Tax by gross receipts range as shown on Tax Rate Schedule (included)	$_____
B. Administrative Fee	+ $ 50.00
C. Subtotal (Line A + Line B)	= $_____

Or report the following:

	Column A 2026 Estimate
1. Total Gross Receipts	$_____
2. Tax Rate by Class	x _____%
3. Computed Tax (Line 1 x line 2)	= $_____
4. Administrative Fee	+ $ 50.00
5. Total Due City (line 3 + line 4)	= $_____

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

Print Name: _____ Phone Number: _____

Signature: _____ Date: _____

Title: _____ Sales & Use Tax ID # _____

Email Address You Check Regularly: _____

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

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Section 1. **Please check only one:**

(A) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees[1].

*** If you select Section 1(A), please fill out Section 2 and then execute below.

(B) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

*** If you select Section 1(B), please skip Section 2 and execute below.

Section 2.

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. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

_____
Name of Private Employer

_____
Federal Work Authorization User Identification Number

_____
Date of Authorization

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 _____, 201__.

_____
NOTARY PUBLIC
My Commission Expires: _____

[1] To determine the number of employees for purposes of this affidavit, a business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.

AFFIDAVIT VERIFYING STATUS FOR
CITY PUBLIC BENEFIT APPLICATION

By executing this affidavit under oath, as an applicant for the City of McRae-Helena, Georgia Business License or Occupation Tax Certificate, Alcohol License, Taxi permit or other public benefit as referenced in O.C.G.A Section 50-36-1, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

1) _____ I am a United States citizen.
2) _____ I am a legal permanent resident of the United States.
3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality

Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:
_____.

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 as allowed by such criminal statute.

Executed in _____ (city), _____(state).

_____ _____
Signature of Applicant Date

_____ _____
Printed Name of Applicant Alien Registration Number For Non-Citizen

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

_____
NOTARY PUBLIC
My Commission Expires:

CITY OF MCRAE-HELENA
TAX RATE SCHEDULE

BRACKET	RANGE BRACKETS AT LEAST	NO MORE THAN	CLASS	1	2	3	4	5	6
			RATE	0.0500%	0.0550%	0.0605%	0.0666%	0.0732%	0.0805%
A	$0	$50,000		$25	$28	$30	$33	$37	$40
B	$50,001	$100,000		$50	$55	$61	$67	$73	$81
C	$100,001	$150,000		$75	$83	$91	$100	$110	$121
D	$150,001	$200,000		$100	$110	$121	$133	$146	$161
E	$200,001	$250,000		$125	$138	$151	$166	$183	$201
F	$250,001	$350,000		$175	$193	$212	$233	$256	$282
G	$350,001	$450,000		$225	$248	$272	$299	$329	$362
H	$450,001	$500,000		$250	$275	$303	$333	$366	$403
I	$500,001	$750,000		$375	$413	$454	$499	$549	$604
J	$750,001	$1,000,000		$500	$550	$605	$666	$732	$805
K	$1,000,001	$1,250,000		$625	$688	$756	$832	$915	$1,007
L	$1,250,001	$1,500,000		$750	$825	$908	$998	$1,098	$1,208
M	$1,500,001	$1,750,000		$875	$963	$1,059	$1,165	$1,281	$1,409
N	$1,750,001	$2,000,000		$1,000	$1,100	$1,210	$1,331	$1,464	$1,611
O	$2,000,001	$2,500,000		$1,250	$1,375	$1,513	$1,664	$1,830	$2,013
P	$2,500,001	$3,000,000		$1,500	$1,650	$1,815	$1,997	$2,196	$2,416
Q	$3,000,001	$3,500,000		$1,750	$1,925	$2,118	$2,329	$2,562	$2,818
R	$3,500,001	$4,000,000		$2,000	$2,200	$2,420	$2,662	$2,928	$3,221
S	$4,000,001	$4,500,000		$2,250	$2,475	$2,723	$2,995	$3,294	$3,624
T	$4,500,001	$5,000,000		$2,500	$2,750	$3,025	$3,328	$3,660	$4,026
U	$5,000,001	$6,000,000		$3,000	$3,300	$3,630	$3,993	$4,392	$4,832
V	$6,000,001	$7,000,000		$3,500	$3,850	$4,235	$4,659	$5,124	$5,637
W	$7,000,001	$8,000,000		$4,000	$4,400	$4,840	$5,324	$5,856	$6,442
X	$8,000,001	$9,000,000		$4,500	$4,950	$5,445	$5,900	$6,588	$7,247
Y	$9,000,001	$9,999,999		$5,000	$5,500	$6,050	$6,655	$7,320	$8,053

If $10 million or more, multiply Rate x Gross Receipts for Business Tax Class and round to nearest dollar.