



# 2016

## **OCCUPATIONAL TAX RENEWAL**

City of Suwanee  
**Business Services Department**  
Licensing & Revenue Section / Occupational Tax Unit  
Phone (770) 904-3383

APPLICATION

The City of Suwanee appreciates your decision to operate your business in Suwanee, and we hope that you continue to select Suwanee for future years. Please be aware that under State of Georgia Law, the City is required to comply with the Federal Systematic Alien Verification for Entitlements (S.A.V.E.) program, and the E-Verify program.

Please complete sections below:

Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_
E-mail Address: \_\_\_\_\_ Business Location Phone # \_\_\_\_\_
Federal Employer ID # \_\_\_\_\_ Sales & Use Tax ID # \_\_\_\_\_
# Of Employees (including owner) \_\_\_\_\_

IF THE ABOVE BUSINESS IS NO LONGER OPERATING IN SUWANEE CITY LIMITS, PLEASE PROVIDE THE EXACT DATE THE BUSINESS WAS LAST IN OPERATION AND FAX TO (678) 546-2132 OR E-MAIL MCOMER@SUWANEE.COM

YOU WILL ALSO NEED TO CONTACT GWINNETT COUNTY ASSESSOR'S OFFICE AT (770) 822-7220, TO CLOSE THE PERSONAL PROPERTY ACCOUNT.

\_\_\_\_\_ Business Closed. Last Date of Operation: \_\_\_\_\_

TO RENEW YOUR OCCUPATIONAL TAX CERTIFICATE, PLEASE SEND ALL THE FOLLOWING INFORMATION ALONG WITH THIS COMPLETED FORM BY FEBRUARY 15, 2016.

\_\_\_\_\_ RENEWAL APPLICATION (THIS FORM WILL SERVE AS THE APPLICATION FOR RENEWAL PURPOSES.)

\_\_\_\_\_ DOCUMENTATION SUPPORTING GROSS RECEIPTS/SALES FOR JAN 1 – DEC 31, 2015

The City will only accept ONE of the following documents listed below: (Please NO handwritten letters. Note that Bank Statements are not acceptable documentation for this requirement.)

- o 2015 Profit/Loss Statement
o 2015 Sales Reports
o Signed Letter from Company's External CPA Stating Gross Receipts for 2015
o Copy of 2015 Income Tax Form (Such as Form 1120, Form 1120S, Form 1065, or Schedule C)

\_\_\_\_\_ COMPLETED POLICE EMERGENCY CONTACT (FOR COMMERCIAL BUSINESS ONLY)

\_\_\_\_\_ STATE REQUIREMENT: SIGNED AND NOTARIZED S.A.V.E. AFFIDAVIT VERIFYING PUBLIC BENEFIT APPLICATION

As required by Office Code of Georgia § 50-36-1(e), any applicant for the City of Suwanee Occupational Tax Certificate must execute an affidavit certifying legal presence in the United States. "Systematic Alien Verification for Entitlements" (S.A.V.E.) Program is an inter-governmental information sharing initiative designed to aid in determining immigration status. (Form enclosed)

\_\_\_\_\_ STATE REQUIREMENT: SIGNED AND NOTARIZED PRIVATE EMPLOYER AFFIDAVIT

As required by Office Code of Georgia § 36-60-6, any applicant for the City of Suwanee Occupational Tax Certificate must execute an affidavit certifying compliance with Federal E-Verify program. (Form enclosed)

\_\_\_\_\_ STATE REQUIREMENT: COPY OF SECURE AND VERIFIABLE DOCUMENT UNDER O.C.G.A. § 50-36-2

The list of secure and verifiable documents is provided by Georgia Attorney General Office, and enclosed in this package. It contains documents that are verifiable for identification purposes.

## OCCUPATIONAL TAX CALCULATION INFORMATION

Please see below for instructions on how to calculate your Occupational Tax.

You may also visit our website at [www.suwanee.com/Occupational\\_Tax\\_Worksheet.xls](http://www.suwanee.com/Occupational_Tax_Worksheet.xls) to calculate the amount due.

The paperwork is due by **February 15, 2016** regardless of whether or not you include payment at that time. The payment is due by **March 31, 2016**. If we don't receive the supporting documentation on time, we cannot guarantee that the business will receive an invoice before the due date. Please understand that postmarks will not be accepted. A greater of **10%** or **\$25** late penalty will be assessed after **March 31, 2016** plus interest at the rate of **1%** per calendar month will accrue after **March 31, 2016**. The tax calculation formulas are listed below. If you are unsure of which figure to use for the Gross Receipts, please send us the application so that we can calculate it for you.

### TAX CALCULATION FORMULA

The maximum tax for any single company is \$12,500. You may find your Primary Type Number beneath the business address on the label of your Occupational Tax Renewal packet. The last digit of your Primary Type corresponds to the appropriate formula for you to calculate the tax amount. (For example: Primary Type 3231-4. Use CLASS 4 to calculate the tax amount due in this scenario.)

PRIMARY TYPE	FORMULA	ADMIN FEE	
1	2015 Actual Gross Receipts Figure X .0004	+ \$ 50	= Tax Amount Due
2	2015 Actual Gross Receipts Figure X .0005	+ \$ 50	= Tax Amount Due
3	2015 Actual Gross Receipts Figure X .0006	+ \$ 50	= Tax Amount Due
4	2015 Actual Gross Receipts Figure X .0007	+ \$ 50	= Tax Amount Due
5	2015 Actual Gross Receipts Figure X .0008	+ \$ 50	= Tax Amount Due
6	2015 Actual Gross Receipts Figure X .0009	+ \$ 50	= Tax Amount Due

### PROFESSIONALS

The State of Georgia also allows for certain practitioners to have the option of paying a flat fee of \$400.00 per practitioner instead of paying based on gross receipts. The following licensed professionals have this option:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Architect                    | <input type="checkbox"/> Land Surveyor       | <input type="checkbox"/> Podiatrist                        |
| <input type="checkbox"/> Chiropractor                 | <input type="checkbox"/> Landscape Architect | <input type="checkbox"/> Practitioner of Physiotherapy     |
| <input type="checkbox"/> Dentist                      | <input type="checkbox"/> Lawyer              | <input type="checkbox"/> Psychologist                      |
| <input type="checkbox"/> Embalmer                     | <input type="checkbox"/> Optometrist         | <input type="checkbox"/> Public Accountant                 |
| <input type="checkbox"/> Engineer: Civil, Mech., Etc. | <input type="checkbox"/> Osteopath           | <input type="checkbox"/> Therapist/Counselor/Social Worker |
| <input type="checkbox"/> Funeral Director             | <input type="checkbox"/> Physician           | <input type="checkbox"/> Veterinarian                      |

Please indicate your choice below:

I elect to pay a \$400.00 flat tax per practitioner in lieu of paying a tax based on gross receipts.

#  of practitioner(s) x \$400 per practitioner = \$  2016 tax amount due

### NON-PROFIT ORGANIZATION

Please submit 2015 Form 990 from Internal Revenue Service with \$50 administrative fee. Also, enclose all required documents from the front page except the documentation supporting gross receipts. If the 2015 Form 990 has not been filed, please provide a letter stating that the business is a non-profit.

### BANKING INSTITUTIONS

Banks pay as regulated by the State of Georgia, using the 2015 Form PT440. Also, enclose all required documents from the front page except the documentation supporting gross receipts.

EMERGENCY BUSINESS CONTACT INFORMATION (FOR COMMERCIAL BUSINESS ONLY)

PLEASE FILL OUT ALL INFORMATION. IF A SECTION DOES NOT APPLY, MARK N/A.

Business Name (Name Displayed on Building): \_\_\_\_\_

Name of Shopping Center/Professional Park, etc.: \_\_\_\_\_

Parent Company: \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Physical Address: \_\_\_\_\_

Building #: \_\_\_\_\_ Suite #: \_\_\_\_\_

Contact 1: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

24 HOUR

Contact 2: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

24 HOUR

Alarm Company: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Special Hazards: \_\_\_\_\_

Other Information: \_\_\_\_\_

Information Provided By: \_\_\_\_\_ Date: \_\_\_\_\_

SIGNATURE AND TITLE

Dear Business Owner/ Manager,

This information above is requested so that the Suwanee Police Department can contact you after normal business hours should an emergency situation arise. This information is CONFIDENTIAL and for this OFFICIAL USE ONLY. To help us serve you better, please update this information when necessary and return to the Business Services Department.



Suwanee Police Department
373 Highway 23 NW
Suwanee, GA 30024-2267

Chief Michael S. Jones
(770) 945-8995
(770) 945-2985

## AFFIDAVIT VERIFYING STATUS FOR CITY PUBLIC BENEFIT APPLICATION

PLEASE SIGN THE DOCUMENT ONLY IN THE PRESENCE OF THE NOTARY PUBLIC.  
THIS AFFIDAVIT MUST BE EXECUTED ANNUALLY.

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

### Occupational Tax Certificate

**BUSINESS NAME:** \_\_\_\_\_

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.

My **alien number** issued by the Department of Homeland Security or other federal immigration agency is: \_\_\_\_\_

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.**

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE

\_\_\_\_\_ DAY OF \_\_\_\_\_, 2016

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
NAME OF APPLICANT

\_\_\_\_\_  
SEAL

My Commission Expires: \_\_\_\_\_

PRIVATE EMPLOYER AFFIDAVIT

Under Georgia Law, employers must now register and utilize the FEDERAL WORK AUTHORIZATION PROGRAM in accordance with the applicable provisions and deadlines established in OCGA § 36-60-6(a). For more information please visit www.uscis.gov/everify. The CITY OF SUWANEE will not issue initial licenses, certificates or renewals without a completed Private Employer Affidavit on file.

BY EXECUTING THIS AFFIDAVIT UNDER OATH, as an applicant for a(n) Occupational Tax Certificate as referenced in O.C.G.A. § 36-60-6(d), from the CITY OF SUWANEE, the undersigned applicant representing the private employer known as \_\_\_\_\_ verifies one of the following with respect to my application for the above

PRINTED NAME OF PRIVATE EMPLOYER – INDIVIDUAL, FIRM OR CORPORATION

mentioned business document:

1. Choose one of the following:

- (a) [ ] On January 1st of the below signed year the individual, firm, or corporation employed more than ten (10) employees. If the employer selected (a) please fill out section 2 below.
(b) [ ] On January 1st of the below signed year the individual, firm, or corporation employed less than ten (10) employees.

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(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
THIS IS NOT AN EIN OR FEDERAL EMPLOYER ID NUMBER

DATE OF AUTHORIZATION

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.

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.

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

DAY OF , 2016

SIGNATURE OF AUTHORIZED OFFICER OR AGENT

NOTARY PUBLIC

NAME AND TITLE OF AUTHORIZED OFFICER OR AGENT

SEAL

My Commission Expires: \_\_\_\_\_

## SECURE AND VERIFIABLE DOCUMENTS PROVIDED BY GEORGIA ATTORNEY GENERAL OFFICE UNDER O.C.G.A. § 50-36-2

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “[n]ot later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

[http://comdev.cobbcountyga.gov/business/documents/173963603Secure\\_and\\_verifiable\\_document\\_list208.5.11.pdf](http://comdev.cobbcountyga.gov/business/documents/173963603Secure_and_verifiable_document_list208.5.11.pdf)

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

■ **A United States passport or passport card** [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

■ **A United States military identification card** [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

■ **A driver’s license issued by one of the United States**, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

### COMPLIANT STATES

List of states that verify immigration status prior to issuance of a driver’s license or I.D. card and only issue to persons lawfully present in the United States, as required by O.C.G.A Section 13-10-91(b)(5).

Alabama	Arizona	Arkansas	California
Colorado	Connecticut	Delaware	Florida
Georgia	Hawaii	Indiana	Iowa
Kansas	Kentucky	Louisiana	Maine
Michigan	Minnesota	Mississippi	Missouri
Montana	Nebraska	Nevada	New Hampshire
North Carolina	North Dakota	Ohio	Oklahoma
Oregon	Pennsylvania	South Carolina	South Dakota
Tennessee	Texas	Vermont	Virginia
West Virginia	Wisconsin	Wyoming	

■ **An identification card issued by one of the United States**, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

■ **A tribal identification card of a federally recognized Native American tribe**, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:

<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm>

[O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

(Continued)

(Continued)

■ **A United States Permanent Resident Card or Alien Registration Receipt Card**

[O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

■ **An Employment Authorization Document that contains a photograph of the bearer**

[O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

■ **A passport issued by a foreign government**

[O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

■ **A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard** [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

■ **A Free and Secure Trade (FAST) card**

[O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

■ **A NEXUS card**

[O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

■ **A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card**

[O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

**City of Suwanee**  
330 Town Center Ave  
Suwanee, GA 30024

■ **A driver's license issued by a Canadian government authority**

[O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

■ **A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561)**

[O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

■ **A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570)**

[O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

■ In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit.

[O.C.G.A. § 50-36-2(c)]

