

**CITY OF METTER
BUSINESS REGISTRATION
OCCUPATIONAL TAX RETURN**

Date: _____ New _____ Renewal _____

Name of Business: _____

Street Address: _____

Mailing Address: _____

City, State & Zip: _____

Business Phone #: _____ Applicant/Owner: _____

Cell Phone #: _____ Email Address: _____

Social Security Number: _____ Fed. I.D.#: _____

State ID#: _____ Date Business Started: _____

Describe Principle Type of Business Conducted: _____

PLEASE INDICATE THE NUMBER OF EMPLOYEES AS OF JANUARY 1ST.

*An employee is defined as any individual that exerts effort within the State of Georgia for the purpose of soliciting business or serving customers or clients. **Please calculate full and part-time employees as indicated in the paragraph below.** The minimum number of employees is 1 for owners/operators. The city may request supporting information such as Wage and Tax reports to determine the accuracy of information.

Pursuant to O.C.G.A. 48-13-7 through 48-13-10, an occupation tax, based upon number of employees, in the State of Georgia, is levied upon business and practitioners of professions and occupations with one or more locations or offices within the corporate city. **The number of employees of the business or practitioner as computed on a full-time position basis or full-time equivalent basis, provided that for the purposes of this computation, an employee who works 40 hours or more weekly shall be considered a full-time employee and that the average weekly hours of employees who work less than 40 hours weekly shall be added and such sum shall be divided by 40 to produce full-time position equivalents.**

Total Number of Calculated Full-Time Employees _____

A. Multiply total number of employees on January 1st times the per employee tax to calculate occupation tax.

First 10 Employees _____	x \$21.00 = \$	_____
Next 10 Employees _____	x \$17.00 = \$	_____
Next 10 Employees _____	x \$15.00 = \$	_____
Next 10 Employees _____	x \$13.00 = \$	_____
Next 10 Employees _____	x \$ 6.00 = \$	_____
Remaining Employees _____	x \$ 1.55 = \$	_____

B. Administrative Fee + \$ 70.00

C. Total Occupational Tax (Line A + B) \$ _____

* A 10% penalty will be added to all delinquent occupational tax accounts on April 1st.



SIGN ON BACK

THIS IS NOT AN INVOICE.
DO NOT PAY UNTIL YOU RECEIVE AN INVOICE FROM THE CITY. INVOICES ARE MAILED
NOVEMBER 1ST OF EACH YEAR. LICENSES ARE DUE BY JANUARY 1ST OF EACH YEAR
AND DELINQUENT AFTER MARCH 31ST.

***Please return completed forms to Metter City Clerk. Please note that practitioners of certain professions may choose to pay a flat fee of \$400 per practitioner. If you are considering this option, please contact the City Clerk.

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

(Signature of authorized person reporting)

(Printed name of authorized person reporting)

Title of Authorized Person Reporting: _____

PLEASE FILL OUT THE FOLLOWING INFORMATION
(FOR LICENSE RENEWALS ONLY)

E-VERIFY

On January 1st of the current year, the individual, firm, or corporation employed 10 or fewer full-time employees:

Yes _____ No _____

If no, please provide your E-verify number: _____

For Official Use Only

Date: _____ Approved by Building Official: _____

Zoning District: _____ Approved by City Clerk: _____

Amount Paid: _____

Date Paid: _____

Clerk's Signature: _____