



3120 Stonecrest Blvd, Stonecrest, GA 30038

1ST Floor, Suite 190 - Office: 770-224-0200

Website: www.stonecrestga.gov

Office Hours: Monday-Friday 9:00AM-4:30PM

Business Name and Mailing Address	Business Name and Physical Address
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2018 RENEWAL APPLICATION FOR BUSINESS OCCUPATIONAL TAX CERTIFICATE

DUE BY APRIL 30, 2018

BL #: _____ TAX CLASS: _____ TAX RATE: _____ EMPLOYEE FEE RATE: _____ NAICS CODE: _____

Email _____ Phone No. _____

No. of Employees (Mandatory) _____ Federal Tax ID _____ Sales Tax ID _____

Please check box if the **Mailing** Address Changed? Yes or No

If **Yes**, please list new address _____

Please check box if the **Business** Address Changed? Yes or No If yes, ****PLEASE CONTACT OFFICE****

Has ownership changed? Yes or No If yes ***NEW APPLICATION PROCESS MUST BE COMPLETED IN OUR OFFICE***

Has the Business Closed in the City of Stonecrest? Yes or No

Give brief description of the primary business activity: _____

IMPORTANT: APPLICATION WILL NOT BE CONSIDERED COMPLETE IF SECTION IS NOT FULLY COMPLETED

Do you have 11 or more employees? Yes or No

(If yes, it is required to provide E-verify Number if you have over 11 employees) _____

(O.C.G.A. 36-60-6(d))

To register for e-verify please go to www.dhs.gov/e-verify

Are you a United States citizen or legal permanent resident 18 years or older? Yes or No

(If No please complete the Affidavit Verifying Lawful Presence form which can be found on our website at www.stonecrestga.gov and include a copy of your verifiable documentation Ex. Permanent Resident Card, Visa, Foreign Passport)

Please send your completed and signed renewal application, payment, and a **copy of your Govt Issued ID and DeKalb County or City of Stonecrest 2017 Occupational Tax Certificate** on or before April 30, 2018 to avoid paying penalty and interest. Make all checks and money orders payable to: **City of Stonecrest - Attn:**

Business License Department. NO CASH ACCEPTED

City of Stonecrest

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DUE BY APRIL 30, 2018

BL#: _____ BUSINESS NAME: _____ NAICS CODE _____ TAX CLASS: _____ TAX RATE: _____ EMPLOYEE FEE RATE: _____

PROFESSIONAL PRACTITIONERS (\$400.00 PER PRACTITIONERS) AND INSURANCE COMPANIES (\$100.00) DO NOT NEED TO COMPLETE THE CALCULATION WORKSHEET. PLEASE SIGN THE BOTTOM AND RETURN TO THE CITY OF STONECREST ALONG WITH PAYMENT. OCCUPATIONAL TAX RENEWAL MAY BE PAID IN PERSON (BY CHECK, MONEY ORDER OR CREDIT CARDS), OR BY MAIL (BY CHECK OR MONEY ORDER) **NO CASH ACCEPTED**.

Previous Year Calculations:	2017	Current Year Estimates:	2018
A. Actual Gross Receipts <i>(must enter amount)</i>		1. Estimated Gross Receipts for Current Year <i>(must enter amount)</i>	
a. Sales, Use or Excise Tax		a. Sales, Use or Excise Tax	
b. Inter-Organizational Sales		b. Inter-Organizational Sales	
c. Payments to Sub-Contractors		c. Payments to Sub-Contractors	
d. Out of State Sales		d. Out of State Sales	
e. Returns and Allowances		e. Returns and Allowances	
f. Total Deductions (add a through e)		f. Total Deductions (add A through E)	
B. Subtract Deductions from Actual Gross Receipts (Line A - Line f) cannot be less than 0		2. Subtract Deductions from Current Year Estimates (Line 1 - Line f) cannot be less than 0	
C. Estimate Gross Receipts from Previous Year <i>(must enter amount)</i>		3. Current Year Estimate Line 2 (x) Times Tax Rate	
D. Gross Receipts Tax Adjustment Line B – Line C (+ or -)		4. Administrative Fee	75.00
E. Tax adjustment= Line D (x) Times Tax Rate		5. Minimum Flat Tax	50.00
		6. _____ # Employee (x) Times Employee Fee Rate	
		7. Subtotal (Add Line 3, Line 4, Line 5, and Line 6)	
		8. Total (Line 7 plus Line E from previous year)	
		9. Late Penalty Fee (10% of Line 8) After May 1st	
		10. Late Interest Fee (1% per month of Line 8) After May 1st	
		GRAND TOTAL DUE:	

I hereby certify under penalty of perjury, that statements made herein are to the best of my knowledge true and correct.

Print Name & Title of Individual Authorized to Complete Return

Signature

Date

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