



**2020 RENEWAL APPLICATION FOR BUSINESS OCCUPATIONAL TAX CERTIFICATE
DUE BY MARCH 31, 2020**

ACCOUNT NO: _____ FEE CLASS: _____ Rate: Please See Attached Rate Change Form

Business/Corporate Mailing Name and Address	Business/D.B.A. Name and Address

Email _____ Phone No. _____

No. of Peachtree Corners Employees _____ Federal Tax ID _____ Sales Tax ID _____

Is this a Home Based Business (business location is the home address) Yes or No

Has the business ownership changed? Yes or No
(If Yes, a New Business Tax Application must be completed, and business account should be closed)

Has the **Mailing** Address Changed? Yes or No

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

Has the **Business** Address Changed to a New Peachtree Corners address? Yes or No

(If yes, please complete change of address form, which can be found on our website at www.peachtreecornersga.gov). Change of address form, along with other required items, must be submitted with the renewal application.

Has the Business **Closed** in the City of Peachtree Corners? Yes or No **If yes, date business closed** _____

Has the **Business** Name Changed? Yes or No **If yes, please list new business name** _____

Is **Business** a Non-Profit Organization? Yes or No

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, the business is required to provide an E-Verify Number under Georgia State Code **O.C.G.A. 36-60-6(d)**. Please provide the company's E-Verify (also known as the company ID number), which consist of four to seven numerical characters below.*

E-Verify (company ID #) _____ Date E-Verify Received _____

To register for e-verify please go to <http://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 and submit an Affidavit Verifying Lawful Presence form, which can be found on our website at <https://www.peachtreecornersga.gov> and include a copy of your verifiable documentation. (Ex. Permanent Resident Card, Visa, or Foreign Passport-submitted with a valid I-94, I-94A, or I-94W or other federal document specifying an alien's lawful immigration status.



DUE BY MARCH 31ST, 2020

ACCOUNT NO: _____

FEE CLASS: _____

RATE: Please See Attached Rate Change form

Professional Practitioners, as allowed per Georgia Code O.C.G.A. 48-13-9(c), can elect to pay the \$400 Flat Fee. Insurance Companies, Per Georgia Code O.C.G.A. 33-8-8 can pay \$100

Previous Year Calculations:	2019
A. Actual Gross receipts	\$
a. Sales, Use or Excise Tax	
b. Inter-Organizational Sales	
c. Payments to Sub- Contractors	
d. Out of State Sales	
e. Returns and Allowances	
f. Total Deductions (add a through e)	\$
B. Subtract Deductions from Actual Gross Receipts (a-f) (If remaining gross receipt is negative, input \$0 as the gross receipts)	\$
C. Estimate Gross Receipts from Previous Year	\$
D. Gross Receipts Tax Adjustment B-C (+ or -)	\$
E. Tax adjustment= Line D x Rate	\$

Current Year Estimates:	2020
1. Estimated Gross receipts	\$
a. Sales, Use or Excise Tax	
b. Inter-Organizational Sales	
c. Payments to Sub- Contractors	
d. Out of State Sales	
e. Returns and Allowances	
f. Total Deductions (add a through e)	\$
2. Subtract Deductions from Estimated Gross Receipts (1-F) (If remaining gross receipt is negative, input \$0 as the gross receipts)	\$
3. Current Year Estimate = Line 2 x Rate	\$
4. Base Fee	\$80.00
5. Subtotal (Line 3 plus Line 4)	\$
6. Total (Line 5 (+ or -) Line E of previous year)	\$
7. Late Penalty Fee (10% of Line 6) After March 31 st	\$
8. Late Interest Fee (1.5% per month of Line 6) After March 31 st	\$
GRAND TOTAL DUE: (Add Lines 6 – 8) (max cap is \$20,000.00)	\$

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

Print Name & Title of Individual Authorized to Complete Return

Signature

Date

Professional Practitioner Fee: \$400 Per Practitioner (# of Practitioners _____) X \$400 =	\$
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Penalty (10% of Prof. fee) & Interest (1.5% of Prof. fee x # of months late) After March 31st

Insurance Company Fee: (For Insurance Companies only)	\$100.00
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Note: Payments can be made by mail or in person with a check or or credit card. Online payment options are also available at www.peachtreecornersga.gov



RATE CHANGE FORM

The City of Peachtree Corners has increased its occupational tax rate structure. However, if you submit documentation showing the use of Peachtree Corners as your business address, the city will update your current rate to the reduced rate.

This documentation could be either business stationary or a screen capture of official business website showing the business address (i.e., X Street, Peachtree Corners, GA, Zip)

Once again, we thank your again for doing business in the City of Peachtree Corners.

Fee Class	Current Rate	Reduced Rate
1	0.00070	0.00065
2	0.00083	0.00078
3	0.00096	0.00091
4	0.00109	0.00104
5	0.00122	0.00117
6	0.00135	0.00130

Below is a list of the documentation required for the reduced rate:

1) Please submit one of these valid forms of documentation along with 2020 Business License Renewal Application (CHECK ONE):

- **Business Stationary:**
 - Business Card
 - Business Envelope
 - Business Check
 - Business Letterhead
- **Official Business Website:** _____
Screen Capture with Business Location Address

2) Does the documentation contain Peachtree Corners as the city in the business address (i.e., X Street Name, Peachtree Corners, GA XXXXX)?

YES: NO:

Signature of Applicant: _____ Date: _____

If you have any questions, please contact the business license department at 678-691-1208 or businesslicense@peachtreecornersga.gov