

CITY OF ALAMO
OCCUPATION TAX RETURN

DATE: _____

NAME OF BUSINESS _____

MAILING ADDRESS _____

LOCATION OF BUSINESS _____

DESCRIBE PRINCIPLE TYPE _____

OF BUSINESS CONDUCTED _____

TAX COMPUTATION AND QUALIFICATION:

A. NUMBER OF EMPLOYEES

(IF NUMBER VARIES, STATE TWELVE MONTH AVERAGE) _____

B. CORRESPONDING TAX

EMPLOYEES	TAX
1	\$ 35.00
2-5	\$ 75.00
6-10	\$100.00
11-15	\$150.00
MORE THAN 15	\$200.00
	\$ _____

C. ADMINISTRATIVE FEE \$ _____

D. ADJUSTMENTS (eg. PRIOR OVERPAYMENT / UNDERPAYMENT) \$ _____

E. TOTAL DUE CITY \$ _____

F. ARE YOU REQUIRED TO BE LICENSED OR PERMITTED BY THE STATE?

YES _____ NO _____

(IF YES, ATTACH COPY OF LICENSE OR PERMIT.)

G. HAVE YOU OBTAINED ALL NECESSARY BONDS, CERTIFICATIONS OR OTHER REQUIREMENTS OF LAW TO CONDUCT BUSINESS IN THIS STATE?

YES _____ NO _____

I HEREBY CERTIFY THAT THE INFORMATION REPORTED HEREIN IS TRUE AND CORRECT

PLEASE RETURN WITH

YOUR CHECK TO:

CITY OF ALAMO

PO BOX 646

ALAMO, GA. 30411

PRINT NAME _____

SIGNATURE _____

TITLE _____