

OCCUPATION TAX INFORMATION

Business owners in the City of Thomasville are required to pay occupation tax based on the type of business and estimated annual gross receipts. Wholesalers do not include sales made and delivered outside the state of Georgia. This tax is pro-rated based on the number of months open the first year and adjusted each year thereafter as the actual gross increases or decreases. Occupation tax is due and payable on or before April 15th of each year after the initial opening. Renewal notices are mailed in January.

The Planning Department must check the zoning of the property to be sure the type of business can be operated at the location you have chosen. A certificate of occupancy inspection, if required, will be scheduled by the Building Inspection Department. You may contact both departments at 227-6982 or come by the office located at 415 W. Jackson St.

Before issuing the initial occupation tax certificate, the city must require the private employer to: Submit an affidavit that they are registered and using E-Verify or are exempt from the requirement. E-Verify is a partnership between the Department of Homeland Security (DHS) and the Social Security Administration (SSA). All private employers seeking an occupation tax certificate, to operate a business must comply. It applies to all employers with more than 10 employees. Employee is defined as working at least 35 hours per week.

The AG's Office Website: <http://law.ga.gov/immigration-reports>

Please contact Thomasville Fire Rescue for information concerning fire alarms, sprinkler systems and fire safety at 227-3282.

Sales cannot be conducted from parking lots or vacant lots in accordance with section 18-177 of the city code. Mobile units are not allowed for vending purposes in accordance with section 11-12 & 18-176 of the city code.

Food sales establishments, excluding restaurants, should contact the Commissioner of the Georgia Department of Agriculture for license per Section 26-2-25 of the Official Code of Georgia Annotated. Please call the Department of Agriculture at 1-800-927-0112 for information.

Restaurants or caterers are required to obtain a Food Service Permit from the local health department located at 440 Smith Avenue, phone 226-4241.

To obtain a federal tax number or sales tax number and to register your business name, call the State of Georgia Sales & Use Tax Division at 229-430-8401.

Please complete the enclosed 2016 Occupation Tax return and affidavit and return to City of Thomasville, Tax Department, P.O. Box 1397, Thomasville, GA 31799. The occupation tax will be calculated with a statement following by return mail and payment will be due within 30 days.

If you have any questions concerning the occupation tax, please call the City Tax Department at 227-3250 or 227-7000 or you may come to the office located in the Thomasville Administration Building at 111 Victoria Place.

2016 OCCUPATION TAX RETURN - CITY OF THOMASVILLE, GEORGIA
PLEASE COMPLETE THIS FORM AND MAIL TO:
CITY OF THOMASVILLE, TAX DEPARTMENT, P.O. BOX 1397, THOMASVILLE, GA 31799

Name of Business: _____

Location of Business: _____

Contact Person: _____ Telephone Number: _____

Mailing Address (if different from location): _____

Check One: Corporation () Partnership () Sole Proprietor () Other () _____

Name of Corporation or Owners: _____

Owner Social Security Number
or Federal ID Number: _____ Date of Birth: _____

E-Verify Number: _____

Dominant (Main) Type of Business: _____

Opening Date of Business: _____

Estimate annual gross receipts - occupation tax will be pro-rated for 2015 based on the number of months open and will be adjusted each year based on previous year's actual gross receipts. Wholesalers do not include sales made & delivered outside the State of Georgia.

0	-	5,000 ()	1,750,001	-	2,000,000 ()	6,000,001	-	6,500,000 ()
5,001	-	10,000 ()	2,000,001	-	2,250,000 ()	6,500,001	-	7,000,000 ()
10,001	-	25,000 ()	2,250,001	-	2,500,000 ()	7,000,001	-	7,500,000 ()
25,001	-	50,000 ()	2,500,001	-	2,750,000 ()	7,500,001	-	8,000,000 ()
50,001	-	75,000 ()	2,750,001	-	3,000,000 ()	8,000,001	-	9,000,000 ()
75,001	-	100,000 ()	3,000,001	-	3,250,000 ()	9,000,001	-	10,000,000 ()
100,001	-	150,000 ()	3,250,001	-	3,500,000 ()	10,000,001	-	11,000,000 ()
150,001	-	200,000 ()	3,500,001	-	3,750,000 ()	11,000,001	-	12,000,000 ()
200,001	-	250,000 ()	3,750,001	-	4,000,000 ()	12,000,001	-	13,000,000 ()
250,001	-	500,000 ()	4,000,001	-	4,250,000 ()	13,000,001	-	14,000,000 ()
500,001	-	750,000 ()	4,250,001	-	4,500,000 ()	14,000,001	-	15,000,000 ()
750,001	-	1,000,000 ()	4,500,001	-	4,750,000 ()	15,000,001	-	16,000,000 ()
1,000,001	-	1,250,000 ()	4,750,001	-	5,000,000 ()	16,000,001	-	17,000,000 ()
1,250,001	-	1,500,000 ()	5,000,001	-	5,500,000 ()	17,000,001	-	18,000,000 ()
1,500,001	-	1,750,000 ()	5,500,001	-	6,000,000 ()	18,000,001	-	19,000,000 ()
						19,000,001	-	20,000,000 ()

Additional Gross – Project from Above

Signed: _____

Print Name: _____

Title: _____ Date: _____

Notary Public: _____

Private Employer Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d):

Section 1. Please check only one:

(A) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed more than ten (10) employees¹.

***** If you select Section 1(A), please fill out Section 2 and then execute below.**

(B) _____ On January 1st of the below-signed year, the individual, firm, or corporation employed ten (10) or fewer employees.

***** If you select Section 1(B), please skip Section 2 and execute below.**

Section 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. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as follows:

Name of Private Employer

Federal Work Authorization User Identification Number

Date of Authorization

I hereby declare under penalty of perjury that the foregoing is true and correct. Executed on _____, __, 201__ in _____(city), _____(state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 201__.

NOTARY PUBLIC

My Commission Expires:

¹ 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.