

BUSINESS TAX RETURN

CITY OF JESUP
P. O. BOX 427, JESUP, GEORGIA 31598
(912) 427-1313 (912) 427-1329 FAX

FOR TAX OFFICE USE ONLY

Table with 4 columns: ACCOUNT NUMBER, CLASS NUMBER, SIC NUMBER, DATE RECEIVED

DATE: _____

1. BUSINESS NAME: _____

LOCATION: _____

MAILING ADDRESS: _____

TELEPHONE #: _____ FED ID/SALES TAX #: _____

EMAIL ADDRESS: _____

2. OWNER'S NAME: _____

HOME ADDRESS: _____

TELEPHONE #: _____ SS #: _____

OWNER'S NAME: _____

HOME ADDRESS: _____

TELEPHONE #: _____ SS #: _____

NAME OF ACCOUNTANT: _____

NEW BUSINESS OR RENEWAL (Please Circle One)

EXEMPTIONS:

1. For over the age of 65 exemption:

Are you the sole owner of business? _____ Date of Birth: _____

Place of Birth: _____

ADMINISTRATION FEE \$ 50.00

Gross Receipts _____ @ _____ \$

No. of Employees _____ (MANUFACTURERS ONLY) \$11.00 per employee \$

Penalty _____ % \$

TOTAL BUSINESS TAX DUE \$

Signature(s) _____

**AFFIDAVIT VERIFYING STATUS
FOR CITY PUBLIC BENEFIT APPLICATION**

By executing this affidavit under oath, as an applicant for the City of Jesup, Georgia Business License or Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for the City of Jesup, Business License or Georgia Occupational Tax Certificate, Alcohol License, Taxi Permit or other public benefit (circle one) for _____.

(Name of natural person applying on behalf of individual, business, corporation, partnership, or other private entity)

1) _____ I am a United States citizen

OR

2) _____ I am a legal permanent resident 18 years of age or older or I am an otherwise qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United States.*

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of Code Section 16-10-20 of the Official Code of Georgia.

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
_____ DAY OF _____, 20____

Signature of Applicant: _____ Date _____

Notary Public:

Printed Name: _____

My Commission Expires:

* _____
Alien Registration Number for non-citizens

** Note: O.C.G.A. § 50-36-1(e)(2) requires that aliens under the federal Immigration and Nationality Act, Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:*

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

By executing this affidavit under oath, as an applicant for a(n) business license/occupational tax certificate [business license, occupational tax certificate, or other document required to operate a business] as referenced in O.C.G.A. § 36-60-6(d), from City of Jesup [name of county or municipal corporation], the undersigned applicant representing the private employer known as _____ [printed name of private employer] verifies one of the following with respect to my application for the above mentioned document:

1. **Only fill out this section if the current date is on or before June 30, 2013. Select Only One.**
 - (a) _____ On January 1st of the below signed year the individual, firm, or corporation employed one hundred (100) or more employees. *If the employer selected 1(a) please fill out Section 3 below.*
 - (b) _____ On January 1st of the below signed year the individual, firm, or corporation employed less than one hundred (100) employees.

2. **Only fill out this section if the current date is on or after July 1, 2013. Select Only One.**
 - (a) _____ On January 1st of the below signed year the individual, firm, or corporation employed more than ten (10) employees. *If the employer selected 2(a) please fill out Section 3 below.*
 - (b) _____ On January 1st of the below signed year the individual, firm, or corporation employed ten (10) or fewer employees.

3. **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(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:**

Federal Work Authorization User Identification Number

Date of Authorization

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties allowed by such statute.

Executed on the ___ date of _____, 201___ in _____ (city), _____ (state)

Signature of Authorized Officer or Agent

Printed Name of and Title of Authorized Officer or Agent

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

NOTARY PUBLIC

My Commission Expires:
