



**CITY OF GARDEN CITY, GA  
OCCUPATIONAL TAX FINAL RETURN**

**Notice: If your business has discontinued in Garden City,  
ENTER THE DISCONTINUED DATE, SIGN, COMPLETE AND RETURN THIS FORM ALONG WITH ANY ADDITIONAL  
TAXES DUE.**

Date Business Moved, Closed, or Sold: \_\_\_\_\_ Signature: \_\_\_\_\_

**Avenu Account #: \_\_\_\_\_ Tax Class: \_\_\_\_\_ Rate: \_\_\_\_\_ NAICS Code: \_\_\_\_\_**

Name of Business: \_\_\_\_\_

Doing Business As (DBA): \_\_\_\_\_

Forwarding Mailing Address: \_\_\_\_\_

Physical Location: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_ Tax ID/FEIN: \_\_\_\_\_

**Please complete the calculation below in order to determine if any additional occupational taxes are due.**

- 1. Actual Gross Receipts for the period of \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_ (1) \_\_\_\_\_
- 2. Prior year estimated taxable receipts (See Renewal Worksheet Line 2) (2) \_\_\_\_\_
- 3. Receipts Adjustment (Line 2 minus Line 1) (+ or -) (3) \_\_\_\_\_
- 4. Tax Adjustment = Line 3 x Rate \_\_\_\_\_ (See Renewal Worksheet Line 4) (4) \_\_\_\_\_

**Please Attach the Following Documentation:**

- Proof of Actual Gross Receipts Prior to Sale, Close, or Move (example: Closing Income Statement)
- Proof of Move, Close, or Sale

**Return Completed Worksheet and Documentation with Check or Money Order Made Payable To: Tax Trust Account  
Mail To: Avenu •BL Dept • PO Box 830900 • Birmingham, Alabama 35283-0900  
For assistance call (800)556-7274.**

**You can also email us at [bizlicensesupport@revds.com](mailto:bizlicensesupport@revds.com)**

It is the responsibility of every business owner/official/applicant to make certain that the type or nature of the business activity being conducted at any location in the City of Garden City is permitted by and conforms to the zoning ordinances of the City. Activity or "use" means any business activity including the dominant activity and all other business activity conducted by the business at a location. *You must not begin operation of your business at any location until it is determined by the Director of the City's Zoning Department that your "business use" is permitted at the business's location.*

By signing below, you acknowledge that it is your responsibility to ensure that your business meets all occupancy and zoning requirements of the City of Garden City and that the information given on this form is true and correct to the best of your knowledge.

\_\_\_\_\_  
Signature of Owner/Officer, Manager, responsible for form

\_\_\_\_\_  
Printed Name of Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date