



A Golden Past.
A Shining Future.

GLYNN COUNTY, GA OCCUPATION TAX REGISTRATION

Revenue Discovery Systems
Post Office Box 830471
Birmingham, AL 35283
Toll Free Number 855-219-4336

New _____ Renewal _____ Location Change _____ Owner Change _____

Name of Business: _____

Business Location: _____

Mailing Address: _____

Email (please provide Certificates are emailed): _____

Business Owner: _____

Type of Ownership: Sole Proprietor: _____ Partnership _____ Corporation or LLC _____

Corporation Name: _____

Corporate or Home Office Address: _____

Business Phone: _____ Corporate Phone: _____ Home Phone: _____

Business Federal Tax ID: _____ OR Social Security #: _____

Are you a citizen of the United States? ____ Yes ____ No – If No Please complete SAVE form

If your business is required by law to have a Georgia Sales Tax Number enter number: _____

Dominant Type of Business: _____ Other Types of Business: _____

If a State Board Certification is Required **Attach a Current Copy**. Exp. Date: _____

OCCUPATION TAX COMPUTATION:

# Employees	Occupation Tax	Admin Fee	Total
0 – 4	\$75.00	\$42.00	\$117.00
5 – 9	\$112.50	\$42.00	\$154.50
10 – 19	\$150.00	\$42.00	\$192.00
20 – 49	\$225.00	\$42.00	\$267.00
50 – 99	\$300.00	\$42.00	\$342.00
100 – 249	\$375.00	\$42.00	\$417.00
250 & over	\$750.00	\$42.00	\$792.00

Total Number of Owners & Employees: _____ Tax \$ _____

Equate part time to full time. Example: 4 employees work a total of 65 hours

Divide 65 hours by 40 = 1.63 employees which equates to 2 employees. Independent Contractors

(those who receive a 1099 at year end MUST obtain individual certificates)

Required E Verify Number: _____ (If you have more than 10 employees)
Administrative Fee: +\$ 42.00

Make checks payable to Tax Trust Account
We also accept money orders and credit cards
Penalty / Interest: \$ _____

If you cease or close this business or have a location change you must report it immediately.
The Certificate issued expires December 31st. Renewals are due January 2nd. Penalties apply on April 1st.

By signing below, you certify you are the person duly authorized to file this application, and all required schedules and statements and that the same is true, correct and complete.

APPLICANT'S PRINTED NAME & SIGNATURE

DATE