



2019 OCCUPATIONAL TAX NOTICE Business Occupational Tax Renewal Application

Toll Free Phone: (800) 556-7274
Toll Free Fax: (844) 528-6529

Email: businesslicensesupport@avenuinsights.com
Website: www.avenuinsights.com

Business License Renewal
PO Box 830900
Birmingham, AL 35283-0900

Dear Sir or Madam:

The Powder Springs Business Tax Ordinance mandates that all persons, firms or corporations located or engaged in businesses in Powder Springs register their businesses and obtain certificates by paying the required occupational taxes and administrative fees.

Business Occupational Tax Certificates are valid for a calendar year, January 1 through December 31, and must be renewed by March 1st of each year. All certificates shall be assessed a penalty in the amount of ten percent (10%), plus 1.5% interest on the amount owed for each month or portion thereof for taxpayers who fail to file their renewal by March 1st or fail to register and obtain an occupational tax certificate within thirty (30) days of the commencement of business, additional fees may apply.

*******IMPORTANT PLEASE READ*******
*******Additional Documentation Required*******

As Required by O.C.G.A – 36-60-6(a): Before any county or municipal corporation issues a business license to any person engaged in a profession or business required to be licensed by the state under Title 43, the person must provide evidence of such licensure to the appropriate agency of the county or municipal corporation that issues business licenses. No business license shall be issued to any person subject to licensure under Title 43 without evidence of such licensure being presented.

If it is determined your occupational license requires board certification, you must submit a copy of that certification along with your renewal. Failure to supply this documentation could result in a delay of the issuance of your certificate.

Georgia Security and Immigration Compliance Act (O.C.G.A 50-36-1 through 3): All businesses are now required to complete and return the "Affidavit Verifying Status of Benefit Applicant". This form must be completed in full, signed by an officer of the company, notarized and returned along with your completed renewal worksheet and payment in full. As specified on the Affidavit, you must also provide at least one "secure and verifiable" document with the completed Affidavit. Some examples of a secure and verifiable document are a current state issued ID, driver's license or pass port. For a full list of acceptable documents please visit the Avenu website at www.revds.com (Taxpayer → Georgia → Taxpayer Forms) or the Attorney General of Georgia's website at <http://law.ga.gov>. **This application will NOT be processed without a secure and verifiable document as required by Georgia law.**

Immigration Legislation (HB87) Passed on April 14, 2011: Effective July 1, 2013, any private company with more than 10 full-time employees, along with every public employer, regardless of its size, must register with the federal E-Verify program to check the legal status of new hires.

Remittance information: Make your check payable to: Tax Trust Account and mail it to Avenu, Business License Department, PO Box 830900 Birmingham, AL 35283-0900.

Questions? All questions regarding the payment of your business occupational tax should be directed to Avenu.

Returned Check Disclaimer: Effective July 1, 2010, each returned item received by Avenu due to insufficient funds will be electronically represented to the presenters' bank no more than two times in an effort to obtain payment. Avenu is not responsible for any additional bank fees that will accrue due to the resubmission of the returned item. Please see the full returned check policy at www.avenuinsights.com.

Calculation Table:

Refer to the fee schedule for rate and calculation information.

1. Name, address and telephone number of applicants are public information and therefore subject to disclosure under the open records law.
2. CREDITS - Applicants seeking a credit shall submit tax returns for the previous five (5) years.
3. Practitioners of professions as described in O.C.G.A. 48-13-9 shall elect their occupation tax based on gross receipts as set forth above, or a fee of \$400.00 per practitioner who is licensed to provide the service and shall not be required to provide information relating to gross receipts of the business or practitioner. This election is to be made on an annual basis and must be done by MARCH 01 of each year.
4. Effect of delinquencies on licenses. The city shall refuse to issue, extend or renew, and may revoke, any occupational tax certificate and/or registration and any business license or licenses applied for or held by any person, firm or entity owing any amount to the city for delinquent city taxes, penalties, interest, costs or other charges thereon.
5. Information will be provided to the Georgia Department of Revenue, including failure or refusal to provide all information.

Submit to: Avenu Insights & Analytics • Business License Renewal • PO Box 830900 • Birmingham, AL 35283-0900
Toll Free Phone: (800) 556-7274 • Toll Free Fax: (844) 528-6529 • Email: businesslicensesupport@avenuinsights.com
Website: www.avenuinsights.com • Online Filing: Coming Soon!

Name of Business: _____

Avenu Account No.: _____ NAICS on File: _____

Mailing Address: _____

Physical Address: _____

Please complete this form in its entirety and return with the required affidavits and board certifications as required.

Your Initials	Renewal Checklist Items
	Calculate your Annual Tax
	Background information in Section A must be submitted annually. Complete Section A on the reverse of this form.
	Are you a U.S. Citizen? Y/N _____ If not, you must complete Section A on the reverse of this form.
	Closed? You must complete Section C if your business closed in the previous year and remit any additional amount owed.
	Every year you must complete an E-verify Affidavit (Section B).

Please provide the following information regarding your business in the City of Powder Springs: (* will be published in business directory along with the business name).

Physical Location: _____

Primary Contact Name: _____ Phone Number: _____

Email address: _____ SS# or EIN: _____

*Business Website: _____ *Phone Number: _____

State Professional License (copy required annually if it applies): _____ NAICS: _____ # of Employees: _____
www.naics.com

SECTION 1: PREVIOUS YEAR CALCULATIONS:	2018	
A. Actual Gross Receipts	\$	Business Closed or Moved? Complete Section 1 to ensure no additional amount is due. Provide date business closed, sign Section C, notarize and return with any additional amount owed.
B. Use Table in Notes to Determine Taxes Owed based on gross from line A	\$	
C. Estimated Amount Paid from Previous Year (see last year's paperwork for amount paid for 2018 estimate; does not include penalty/interest)	\$	
D. Gross Receipts Adjustment = Line B - Line C (+ or -)		
SECTION 2: CURRENT YEAR ESTIMATES	2019	
E. Estimated Gross Receipts for Current Year	\$	Address Change: _____ _____ _____
F. Use Table in Notes to Determine Taxes Owed based on gross from line E	\$	
SECTION 3: SUBTOTALS		
G. Sum Lines D and F. Enter amount.	\$	Return Completed Application with Check or Money Order Made Payable To: Tax Trust Account. Mail To: Avenu •BL Dept PO Box 830900 Birmingham, Alabama 35283-0900.
H. Administrative Fee	\$18.00	
I. Subtotal – (Add Lines G and H)		
J. Penalty (10% of Line I) (If Paid After March 1 st)		
K. Interest (1.5% of Line I - Per Month) (If Paid After March 1 st)		
14. GRAND TOTAL DUE (add Lines G - K)	\$	

I hereby make application for a renewal of an Occupational Tax Certificate for the City of Powder Springs. I, as a duly authorized agent of the company, do hereby swear or affirm the information provided herein is true, complete and accurate to the best of my knowledge. I understand that any inaccuracies may be considered just cause for invalidation of this application and any action taken on this application. I understand that the City of Powder Springs reserves the right to enforce any and all ordinances regardless of payment of fee and further that it is my/our responsibility to conform to said ordinances in full. I hereby acknowledge that all requirements shall be adhered to. I acknowledge that additional information may be required to verify the total gross receipts shown on the renewal application. I certify that I will maintain adequate and accurate records for audit purposes and acknowledge that audits may be performed at any time by personnel from the Community Development Department.

Signature of Taxpayer or Duly Authorized Agent _____ Date Signed _____ Phone No. _____

Printed Name _____ Email _____ FEIN _____

Name of Business: _____

Avenu Account No.: _____

SECTION A: Affidavit Verifying Status of Applicant for any License, Permit or Certificate, or a renewal of any, issued under any codes of the City of Powder Springs (MUST BE COMPLETED BY OFFICIAL REPRESENTATIVE OF THE BUSINESS)

By executing this affidavit under oath, as an applicant for a City of Powder Springs Business License or Occupational Tax Permit, Alcohol License, Taxi Permit or other permit defined as a public benefit as referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my application for a license or permit or benefit for _____ [INSERT NAME]

of person applying on behalf of individual, business, corporation, partnership or other private entity and check the appropriate box below:

- I am a United States citizen 18 years of age or older; OR
- I am a legal permanent resident of the United States 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.* MUST SUBMIT ENLARGED COPY OF FRONT & BACK OF CARD ANNUALLY **AND**
- I have provided at least one secure and verifiable document, as required by O.C.G.A 50-36-1(e)(1) with this affidavit.

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.

Executed in _____ (city), _____ (state)

The secure and verifiable document provided: _____

Applicant Signature	Applicant Printed Name	Date
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* Note: O.C.G.A. Section 50-36-1(e)(2) requires that aliens provide their alien registration number. Legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may apply another identifying number (copy of front and back of card required):

Notary Stamp

SUBSCRIBED AND SWORN BEFORE ME ON THIS DAY	Signature of Notary	My Commission Expires
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SECTION B: Private Employer Affidavit Pursuant To O.C.G.A. § 36-60-6(d)

Effective July 1, 2013, any private company with more than 10 full-time employees, along with every public employer, regardless of its size, must register with the federal E-Verify program to check the legal status of new hires.

By executing this affidavit, the undersigned private employer verifies it's compliance with O.C.G.A. § 36-60-6, **stating affirmatively that the individual, firm or corporation has registered with and utilizes the federal work authorization program commonly known as E-Verify**, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number	Date of Authorization	Name of Private Employer
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If your business employs less than ten (10) employees, please check this box and sign below.

By checking this box and signing this form below you are stating affirmatively that your business employs less than ten (10) employees and that your business is not required to register with and/or utilize the federal work authorization program commonly known as E-Verify.

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ (city), _____ (state) on _____ (date)

Signature of Applicant	Printed Name
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Notary Stamp

Subscribed and sworn before me on this the ____ DAY OF _____, 20____.

My Commission Expires: _____

NOTARY PUBLIC

SECTION C: Affidavit Certifying Closed Business

Name of Business: _____ Phone #: _____

This business closed operations during the calendar year on _____ (date).

Applicant Signature	Applicant Printed Name	Phone	Date
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Notary Stamp

SUBSCRIBED AND SWORN BEFORE ME ON THIS DAY	Signature of Notary	My Commission Expires
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****FORM REQUIRED**** This form must be completed in full and returned with your renewal and payment. Failure to return the completed Affidavit Verifying Status of Benefit Applicant, Verifiable and Secure Document, and the Private Employer Affidavit will delay the issuance of your occupational certificate.