

**CITY OF NASHVILLE
OCCUPATION TAX RETURN**

Date: _____

Name of Business: _____
Mailing Address: _____
After Hours Contact Person & Phone Number: _____

Location of Business: _____

Date Started: _____

Describe Principle Type

Of Business Conducted: _____

OCCUPATION TAX (BUSINESS LICENSE)

- A.** Multiply total number of employees as of date times the per employee tax to calculate occupation tax. Should this number change, it will be adjusted on next year's occupational tax. (An employee is defined as any individual that exerts effort within the State of Georgia for the purpose of soliciting business or serving customers or clients. Please include full and part-time employees. **A minimum number of employees is one for owner/operators.** The City may request supporting information such as Wage and Tax Reports to determine the accuracy of information.)

First 10 Employees _____	x \$20.00 = \$	_____
Next 10 Employees _____	x \$16.25 = \$	_____
Next 10 Employees _____	x \$13.44 = \$	_____
Next 10 Employees _____	x \$11.33 = \$	_____
Next 10 Employees _____	x \$ 8.16 = \$	_____
Remaining Employees _____	x \$ 6.27 = \$	_____

B. Administrative Fee	\$	25.00
C. Your Occupation Tax (Line A+B)	\$	_____
D. 10% Penalty (This would be 10% of the total on line C.)	\$	_____
E. Add line C and D	\$	_____

I hereby certify that the information reported herein is true and correct.

(Signature of Authorized Person Reporting)

(Printed Name of Authorized Person Reporting)

Title of Authorized Person Reporting: _____

Please return completed form with a check or money order for the correct amount to the CITY CLERK'S OFFICE, P.O. BOX 495, NASHVILLE, GA 31639.