

Clarkston, GA (1554) 2014 Business Occupational Tax Renewal Application

RDS-Revenue Discovery Systems –as administering agent
PO Box 830900
Birmingham, Alabama 35283-0900



For Assistance Call (800) 556-7274 Option 1 then 6 then 1

RDS Account:

Dear Sir or Madam:

The Clarkston City Code of Ordinances mandates that all persons, firms or corporations located or engaged in business within the city limits of Clarkston register their businesses and obtain certificates by paying the required occupational taxes and administrative fees prior to commencing business in the City.

Business Occupational Tax Certificates are valid for a calendar year, January 1st through December 31st, and must be renewed on or before March 31st of each year. All certificates shall be assessed a penalty on the amount owed for taxpayers who fail to file their renewal on or before March 31st, up to a maximum of thirty percent (30%). Businesses who fail to apply for an occupational tax certificate prior to the commencement of business may be penalized as outlined in Section 11-8 of the Clarkston City Code of Ordinances.

*******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 passport. For a full list of acceptable documents please visit the RDS website at www.revds.com (Taxpayer → Georgia → Taxpayer Forms) or the Attorney General of Georgia's website at <http://law.ga.gov>.

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.

Failure to complete all required forms and/or include the total amount due with your renewal worksheet will cause a delay in the issuance of your Occupational Tax Certificate.

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

No longer conducting business in Clarkston? If you are no longer operating a business in Clarkston, please indicate the date the business closed, moved or was sold on the enclosed application. You can mail the application to RDS, or you may fax the application to the Business License Department at (205) 423-4099. You may also email RDS Business License Support at bizlicensesupport@revds.com.

Questions? All questions regarding the payment of your business occupational tax should be directed to RDS at (800) 556-7274 Option 1 then 6 then 1. You can also email us at bizlicensesupport@revds.com.

Business Name: _____ RDS Account #: _____

Affidavit Verifying Status of Benefit Applicant

****REQUIRED****

Pursuant to the Georgia Security and Immigration Compliance Act (O.C.G.A 50-36-1), effective July 1, 2007, every agency in **Clarkston** providing public benefits through any local program is responsible for determining the immigration status of citizen applicants for said benefits.

By executing this affidavit under oath, as an applicant for benefits, I am stating the following with respect to my application for benefits from the City of Clarkston:

Select one of the below.

_____ I am a United States citizen 18 years of age or older;

_____ I am a legal permanent resident 18 years of age or older;

_____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act, Title 8 U.S.C., as amended, 18 years of age or older and lawfully present in the United States. My alien number issued by the U.S. Department of Homeland Security or other federal immigration agency is _____.

The undersigned applicant also hereby verifies that he or she has provided at least one secure and verifiable document, as required by O.C.G.A § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

(Please enclose legible copy of document with 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 O.C.G.A. 16-10-20.

Executed in _____(city), _____(state).

Signature of Applicant

Date

Printed Name

Subscribed to and sworn before me on this the

_____ Day of _____ 20 _____.

Notary Public

My Commission Expires:

****FORM REQUIRED**** This form must be completed and returned with a copy of your secure and verifiable document, your Clarkston Occupational Tax Renewal, and payment. Failure to return the completed Affidavit with your renewal and payment will delay the issuance of your occupational certificate.

Business Name: _____ RDS Account #: _____

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

****REQUIRED****

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

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 on _____, ____, 201__ in _____(city), _____(state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

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

NOTARY PUBLIC

My Commission Expires:

****FORM REQUIRED**** This form must be completed and returned with your Clarkston Occupational Tax Renewal and payment. Failure to return this completed Private Employer Affidavit with your renewal and payment will delay the issuance of your occupational certificate.



BUSINESS OCCUPATIONAL TAX RENEWAL WORKSHEET CLARKSTON, GA (1554)
2014 Renewal

*Failure to Submit Application and Fees on or before March 31st of Each Year Will Result in Penalties.

Business Name: _____ RDS Account #: _____

Industry Description: _____ SIC: _____ FEE CLASS: _____ RATE: _____

Table with 2 columns: Business Name and Mailing Address, Business Name & Physical Address. Each column has 4 rows for address entry.

Notice: If your business has discontinued in Clarkston, ENTER THE DISCONTINUED DATE, SIGN AND RETURN THIS FORM.

Date Business Moved, Closed, or Sold: _____ Signature: _____

Are you a professional practitioner electing to pay a flat fee of \$300? YES or NO (If yes, please submit a copy of your State license with this return.) Enter \$300 on line 8 below and complete calculations.

Does your business have a State of Georgia Sales Tax ID #? YES or NO If yes, please provide the ID # _____

Please provide your FEIN or SSN if you are a sole proprietorship: _____

NUMBER OF EMPLOYEES (REQUIRED)

- 1. Actual Gross Receipts from 2012 (1) _____
2. Prior year estimated taxable receipts (2) _____
3. Receipts Adjustment (Line 1 minus Line 2) (+ or -) (3) _____
4. Tax Adjustment = Line 3 x Rate _____ (4) _____

Tax Calculation for Current Year

- 5. Estimated Gross Receipts for 2013 (Cannot be less than Actual reported on Line 1 above) (5) _____
6. Multiply Line 5 by Rate _____ (6) _____
7. Enter prior year Tax Adjustment from Line 4 above (7) _____
8. Occupational Tax Due (Add lines 6 and 7) (8) _____
9. Penalty (See Chart Below) (9) _____

Table with 2 columns: Date Range, Rate. Rows include April 1st through April 30th, 2014 (5%), May 1st through June 29th (10%), June 30th through Dec. 26th (15%), Dec. 27th through March 31st, 2015 (20%), More than one year (30%).

- 10. Subtotal (Add Lines 8 and 9) (10) _____
11. Administrative Fee (11) _____ \$ 50.00
12. Credit for Previous Tax Overpayment (12) _____
13. Total Amount Due (Add Lines 10 through 12) (+ or -) (13) _____

Return Completed Worksheet & Renewal Application with Check or Money Order Made Payable To: Tax Trust Account.
Mail To: RDS •BL Dept • PO Box 830900 • Birmingham, Alabama 35283-0900. For assistance call (800)556-7274.
You can also email us at bizlicensesupport@revds.com

I hereby swear under penalty of perjury that the information reported on this worksheet is to the best of my knowledge true, correct and complete. I understand that the issuance of the Occupational Tax Certificate does not permit the business to operate unless the business is properly zoned and in compliance with all applicable City of Clarkston and State of Georgia ordinances and regulations.

I understand that if it is determined that my occupational license requires board certification; I must submit a copy of that board certification along with my renewal. I understand that failure to supply this documentation could result in a delay of the issuance of my Occupational Tax Certificate. I also understand that if I do not complete and return the "Affidavit Verifying Status of the Applicant" and the "Private Employer Affidavit" this will result in a delay of the issuance of my Occupational Tax Certificate.

Returned Check Disclaimer: Effective July 1, 2010, each returned item received by RDS due to insufficient funds will be electronically represented to the presenters' bank no more than two times in an effort to obtain payment. RDS 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.revds.com/taxpayer/return-check-disclaimer.php

Printed Name: _____ Title: _____ Email: _____

Signature: _____ Date: _____ Phone: _____



Remit To: RDS • PO Box 830900 • Birmingham, AL 35283-0900
 Toll Free Phone: (800) 556-7274 • Fax: (205) 423-4099 • Email: bizlicensesupport@revds.com

Business Emergency Contact Information

The Clarkston Police Department maintains a file of Emergency Contact Information for businesses that are located within the City of Clarkston. By providing this information, our police department will know whom to contact should an emergency arise after your normal business hours. In order that we may be assured of having the most current information possible, please complete this form and thereafter advise the City Clerk of any changes as soon as possible.

Should you choose not to provide this information, please check the block provided, sign the form and return it so we will know that it was not an oversight on your part.

All information provided will be considered confidential and will not be shared with any external entity.

Business Name: _____

Address: _____

EMERGENCY CONTACTS:

<u>Name</u>	<u>Relationship</u>	<u>Telephone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I choose not to provide emergency contact information for my business.

 Signature Title

 Printed Name Date