



# 2023 OCCUPATIONAL TAX RENEWAL APPLICATION

## BUSINESS INFORMATION:

BUSINESS NAME: \_\_\_\_\_

DBA (if applicable): \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

NAICS# ([www.naics.com](http://www.naics.com)): \_\_\_\_\_ TYPE OF BUSINESS: \_\_\_\_\_

FEIN#: \_\_\_\_\_ SALES TAX ID# (if applicable): \_\_\_\_\_

MANAGER/OWNER'S NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DRIVER'S LICENSE#: \_\_\_\_\_ STATE: \_\_\_\_\_

## RENEWAL INFORMATION:

NUMBER OF EMPLOYEES \_\_\_\_\_ TOTAL AMOUNT DUE (see instructions on back) \$ \_\_\_\_\_

NOTE: Certain PRACTITIONERS OF PROFESSIONS may elect to pay \$400 per practitioner in lieu of reporting their number of employees. Check the list of professions on the back of this form to determine eligibility for this option. If you are eligible, and management elects to pay the flat per-PRACTITIONER tax this year, check below and submit your payment with this application. See instructions on back.

**NOTE: If you choose to pay the per practitioner fee, you DO NOT pay the employee fee.**

WE ELECT TO PAY \$400 PER PRACTITIONER FEE NUMBER OF PRACTITIONERS: \_\_\_\_\_ TOTAL DUE \$: \_\_\_\_\_

### PRIVATE EMPLOYER AFFIDAVIT

If business has more than 10 employees, please provide the E-Verify # (4-6 digits no letters) below. If business has less than 10 employees, please mark exempt.

E-VERIFY # \_\_\_\_\_ OR  EXEMPT

### AFFIDAVIT VERIFYING STATUS

The applicant verifies one of the following with respect to this public benefit application, please select one:

1. \_\_\_\_\_ U.S. Citizen
2. \_\_\_\_\_ Permanent Legal Resident (see below)
3. \_\_\_\_\_ Qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Dept. of Homeland Security or other federal immigration agency. (see below)

If you choose #2 or #3, provide the A# below and expiration date (please enclose a copy of this document it will be required for renewal)

A# \_\_\_\_\_ Exp. Date \_\_\_\_\_

**ALL APPLICANTS MUST FILL OUT THIS FORM COMPLETELY. COMPLETED FORMS SHOULD BE MAILED TO CITY OF POOLER, ATTN: FINANCE DEPT/BUSINESS REGISTRATION, 100 HIGHWAY 80 SW, POOLER, GA 31322. CHECKS SHOULD BE MADE OUT TO THE CITY OF POOLER.**

I declare under penalties of perjury that this application is true and correct to the best of my knowledge. I certify that I will operate my business in accordance with all applicable Federal, State and City laws and regulations. I further understand that any false statements made above are grounds for denial and revocation of this business license or alcohol beverage license.

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_



**ANNUAL OCCUPATIONAL TAX (BUSINESS LICENSE) FEE SCHEDULE**

The Occupational Tax fees are dependent on the number of employees located at each business location. **Fees are due by no later than March 30<sup>th</sup>, 2023, to avoid penalties.** Payments received after this date will be assessed penalties on a monthly accrual basis.

# Of Employees	Total Tax Rate
0-1	\$125.00
2	\$175.00
3	\$225.00
4	\$275.00
5	\$325.00
6	\$375.00
7	\$425.00
8	\$475.00
9	\$525.00
10	\$575.00
11	\$625.00
12	\$675.00
13	\$725.00
14	\$775.00
15	\$825.00
16	\$875.00
17	\$925.00
18	\$975.00
19	\$1,025.00
20	\$1,075.00
21 or more	\$1075 plus \$5 per employee

**PRACTITIONERS OF PROFESSIONS** that may elect to pay the \$400 per practitioner fee in lieu of reporting the number of employees. *NOTE: If you choose to pay the per practitioner fee, you DO NOT pay the employee fee.*

Lawyers  
 Physicians  
 Osteopaths  
 Chiropractors  
 Podiatrists  
 Dentists  
 Optometrists  
 Psychologists  
 Veterinarians  
 Landscape Architects

Land Surveyors  
 Practitioners of Physiotherapy  
 Public Accountants  
 Embalmers  
 Funeral Directors  
 Civil, Mechanical, Hydraulic, or Electrical Engineers  
 Architects  
 Marriage and Family Counselors  
 Social Workers  
 Professional Counselors