



City of Jenkinsburg
 211 Maple Drive
 P.O Box 99
 Jenkinsburg, GA 30234

City of Jenkinsburg Occupational Tax Return

Name of Business: _____

Location of Business: _____ Date Started _____

Mail/Address: _____

 _____ Phone: _____

Describe Principle Type of Business Conducted:

Occupational Tax

- A. Multiply total number of employees on January 1st times the per employee tax to calculate occupation tax. Please include full- and part-time employees. The minimum number of employees is 0 for owner/operators. The city may request supporting information such as Wage and Tax reports to determine the accuracy of the information.

0-3 Employees (Minimum Tax)		= \$65.00
Next 10 Employees _____	x \$19.00 per employee	= \$ _____
Next 7 Employees _____	x \$17.00 per employee	= \$ _____
Next 7 Employees _____	x \$15.00 per employee	= \$ _____
Next 7 Employees _____	x \$14.00 per employee	= \$ _____
Next 7 Employees _____	x \$ 7.00 per employee	= \$ _____
Over 50 Employees _____	x \$ 2.00 per employee	= \$ _____

- B. Regulatory Fee + \$ _____
- C. Your Occupation Tax (Line A+B (If Applicable)) + \$ _____
- D. 10% Penalty (If paid after April 1st) + \$ _____
- E. Total \$ _____

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

 (Signature of Authorized Person)

 (Printed Name of Authorized Person)

Title of Authorized Person Reporting: _____

 City Clerk- Laurie Francis

 Date



City of Jenkinsburg
P.O. Box 99
211 Maple Drive
Jenkinsburg, GA 30234
Office: 770.775.4850
Fax: 770.775.7669

Occupation Tax/ Business Information

BUSINESS NAME _____

LEGAL ADDRESS OF BUSINESS _____

TYPE OF BUSINESS _____

TELEPHONE NO. _____ FEDERAL ID NO. _____

BILLING ADDRESS IF DIFFERENT FROM ABOVE

OWNER NAME (if sole proprietorship)

HOME ADDRESS

SOCIAL SECURITY NO. _____ HOME PHONE NO. _____

IF PARTNERSHIP, LIST NAME AND ADDRESS (if corporation, list officers)

SOCIAL SECURITY NO. _____ HOME PHONE NO. _____

LIST EMERGENCY NUMBERS:

PHONE NO. _____ NAME OF PERSON _____

PHONE NO. _____ NAME OF PERSON _____

SIGNATURE _____ DATE _____