

Please download the form and open it with ADOBE READER in order to submit it via email! An active email account is required.

**CITY OF METTER
BUSINESS REGISTRATION
OCCUPATIONAL TAX RETURN**

Date: _____
Name of Business: _____
Street Address: _____
Mailing Address: _____
City, State & Zip: _____
Phone Number: _____
Email Address: _____
Applicant/Owner: _____
Social Security Number: _____ Fed. I.D.#: _____
State ID#: _____ In/Out City Limits: ____ Date Business Started: _____
Describe Principle Type of Business Conducted: _____

Date: _____	Approved by Building Official: _____
Zoning District: _____	Approved by City Clerk: _____

Please indicate the number of employees as of January 1st.

No. of FULL Time Employees: _____ **No. of PART Time Employees:** _____

(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 1 for owners/operators. The city may request supporting information such as Wage and Tax reports to determine the accuracy of information.)

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 to Metter City Clerk. Please note that practitioners of certain professions may choose to pay a flat fee of \$400 per practitioner. If you are considering this option, please contact the City Clerk.

**THIS IS NOT AN INVOICE.
DO NOT PAY UNTIL YOU RECEIVE AN INVOICE FROM THE CITY. LICENSES ARE
DUE ON JANUARY 1ST OF EACH YEAR AND ARE DELINQUENT AFTER MARCH 31ST
OF EACH YEAR.**

For Official Use Only

A. Multiply total number of employees on January 1st times the per employee tax to calculate occupation tax.

First 10 Employees _____ x \$21.00 = \$ _____
 Next 10 Employees _____ x \$17.00 = \$ _____
 Next 10 Employees _____ x \$15.00 = \$ _____
 Next 10 Employees _____ x \$13.00 = \$ _____
 Next 10 Employees _____ x \$ 6.00 = \$ _____
 Remaining Employees _____ x \$ 1.55 = \$ _____

B. Administrative Fee \$ 70.00

C. Total Occupational Tax (Line A + B) \$ _____

Amount Paid: _____

Date Paid: _____

Clerk's Signature: _____