Date revised 10/22/2025

City of Statesboro **912-764-0625**

Attorneys Occupational Tax for Preceding Year

APPLICATION MUST BE LEGIBLE
(Please print)

- **You must return this COMPLETED application with payment on January 1. If application is incomplete, it will not be able to be processed and renewed.**
- **You may return by mailing it to: City of Statesboro, Attn: Tax Dept, P.O. Box 348, Statesboro, Ga 30459 OR by bringing it to City Hall located at 50 E Main St, Statesboro, Ga 30458.**
- **All personal property/real estate/liquor excise tax (if applicable) MUST be paid prior to the Occupational Tax Certificate being issued.**
- **Please make check/money orders payable to City of Statesboro. If you are tax exempt, please include a copy of that paperwork.**
- **All lines must include correct information or marked "N/A" if not applicable.**
- **Affidavits MUST be notarized.**
- **If your business has sold or closed, please let us know by writing the business name and the date sold/closed on the form and returning it to us so that we will have record of it.**
- **If there has been a legal ownership change OR if your business has moved, you must fill out the New Occupational Tax Certificate Application.**
- **Please remember to include your business email address as that is where all reminder emails are sent!!**
- **If you have any questions, please contact the Tax Department at 912-764-0625 or by email tax.dept@statesboroga.gov**

City of Statesboro **912-764-0625**

Business Information: **Business Sold or Closed Date:**_____

Legal name of business:_____

Business Trade Name (DBA):_____

Physical address of business:_____

_____

*****If your business has changed locations, you will have to fill out a NEW Occupational Tax Certificate Application for the new location*****

Mailing address of business:_____

_____

Phone Number:_____ Business email address:_____

Federal Tax ID:_____ Georgia Sales Tax ID:_____

Is this a home based business?_____ Type of Business:_____

Ownership Status: Sole Owner:_____ Partnership:_____ LLC:_____ INC:_____ CO:_____

Owners/Agent's Information:

Name:_____ Phone Number:_____

Address:_____

Calculate your Fees:

_____x 20.00 + 95.00 = $_____

NO. EMPL **RATE** **ADMIN FEE** **TOTAL AMOUNT DUE**

Full time equivalent employees are determined by adding the total number of hours worked by all employees per week and dividing by 40. Salaried employees, employees with overtime and owners should be counted as 40 hours per week.

I, (Applicant), _____, being the (title)_____ of the business firm named, understand that failing to pay the occupational taxes within 120 days after January 1 shall be subject and shall pay a 10 percent penalty of the amount of tax.

Signature:_____ Date:_____

Complete ONLY if there is fewer than 11 employees

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

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. §36-60-6, stating affirmatively that the individual, firm or corporation **employs fewer than eleven employees** and therefore, is not required to register with and/or utilize 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.

Signature of Exempt Private Employer: _____

Printed Name of Exempt Private Employer: _____

Name of Business: _____

I do hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on_____, 20_____ in _____ (city), _____ (state)

Signature of Authorized Officer or Agent: _____

Printed name & Title of Authorized Officer or Agent:_____

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

_____ _____

NOTARY PUBLIC MY COMMISSIOIN EXPIRES

Complete ONLY if there is MORE THAN 10 employees

Private Employer Affidavit of Compliance Pursuant to O.C.G.A 36-60-6(d)

-

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. § 36-60-6, stating affirmatively that the individual, firm or corporation **employs more than ten employees** and 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 ID Number:_____ Authorization Date:_____

Name of Private Employer:_____

Name of Business:_____

I do hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on _____, 20_____in_____(city),_____(state)

Signature of Authorized Officer or Agent:_____

Printed Name of Authorized Officer or Agent:_____

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

_____ _____

NOTARY PUBLIC MY COMMISSIOIN EXPIRES