

CITY OF CHATSWORTH

OCCUPATION TAX RETURN

DATE \_\_\_\_\_

NAME OF BUSINESS:
MAILING ADDRESS:
PHONE NUMBER:

Location of Business: \_\_\_\_\_ Date Started \_\_\_\_\_

Describe Principle Type of Business Conducted: \_\_\_\_\_

NUMBER OF EMPLOYEES ON JANUARY 1ST \_\_\_\_\_

**NOTE: The annual number of employees shall be determined from your Employment Security Report, State**

I HEREBY CERTIFY THAT THE INFORMATION REPORTED HEREIN IS TRUE AND CORRECT.

PLEASE RETURN TO:  
CITY CLERK  
CITY OF CHATSWORTH  
P. O. BOX 516  
CHATSWORTH, GA 30705

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

**O.C.G.A. § 50-36-1(e)(2) Affidavit**

By executing this affidavit under oath, as an applicant for a(n) OCCUPATIONAL TAX CERTIFICATE [type of public benefit], as referenced in O.C.G.A. § 50-36-1, from CITY OF CHATSWORTH [name of government entity], the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) \_\_\_\_\_ I am a United States citizen.
- 2) \_\_\_\_\_ I am a legal permanent resident of the United States.
- 3) \_\_\_\_\_ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: \_\_\_\_\_.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and 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:  
\_\_\_\_\_.

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, and face criminal penalties as allowed by such criminal statute.

Executed in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

SUBSCRIBED AND SWORN  
BEFORE ME ON THIS THE  
\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires:

# E-Verify and Private Employers

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

By executing this affidavit under oath, as an applicant for a(n) OCCUPATIONAL TAX CERTIFICATE [business license, occupational tax certificate, or other document required to operate a business] as referenced in O.C.G.A. § 36-60-6(d), from CITY OF CHATSWORTH [name of county or municipal corporation], the undersigned applicant representing the private employer known as \_\_\_\_\_ [printed name of private employer] verifies one of the following with respect to my application for the above mentioned document:

1. Choose ONE of the following:

(a) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed more than ten (10) employees. *If the employer selected (a) please fill out Section 2 below.*

(b) \_\_\_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed ten (10) or fewer employees.

2. The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

\_\_\_\_\_  
Federal Work Authorization User Identification Number

\_\_\_\_\_  
Date of Authorization

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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, and face criminal penalties allowed by such statute.

Executed on the \_\_\_ date of \_\_\_\_\_, 201\_\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state)

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME  
ON THIS THE \_\_\_ DAY OF \_\_\_\_\_, 201\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My Commission Expires:



State of Georgia  
**Department of Revenue**  
1800 Century Boulevard  
Atlanta, Georgia 30345

**Official Addendum to Business Occupancy License Application**

**Required Fields**

<b>Name of Business (Legal Name or Trade Name):</b>
<b>Mailing Address if Different From the Physical Address:</b>
<b>Actual Physical Address of Each Location of Such Business if Different From the Mailing Address:</b>
<b>Sales Tax ID #, if Your Business is Required to Have One by Law:</b>
<b>Applicable North American Industry Classification System Code Number (Please list all NAICS):</b>

**NOTICE:**

Upon completion or refusal to complete this form by the taxpayer, the municipality or county shall provide written notice to the taxpayer that the above information will be submitted to the Georgia Department of Revenue.

The failure or refusal to complete this form by the taxpayer shall not toll or extend the time of payment established for such occupancy tax or regulatory fee under Code Section 48-13-20.

In accordance with O.C.G.A. §§ 48-2-15 and 48-7-60, all taxpayer information provided on this Form shall be confidential and privileged.

In compliance with O.C.G.A. §§ 48-1-2 and 48-8-33, the Commissioner of the Georgia Department of Revenue shall collect all sales tax remitted in Georgia.

Any questions or comments regarding the collection of sales tax or this Form should be directed to the Georgia Department of Revenue at (404) 417-6605 or sent to Tax Law & Policy, 1800 Century Blvd., NE, Atlanta, GA 30345.