

**2016 OCCUPATIONAL TAX RETURN
BUSINESS LICENSE
CITY OF ALMA, P.O. BOX 429
ALMA, GEORGIA 31510**

NAME OF BUSINESS: _____
 LOCATION OF BUSINESS: _____
 MAILING ADDRESS: _____
 CHECK ONE: () CORPORATION () PARTNERSHIP () INDIVIDUAL OWNER
 NAME OF OWNERS: _____
 DOMINANT LINE OF BUSINESS: _____
 DATE BUSINESS BEGAN: _____
 PHONE NUMBERS (H) _____ (W) _____

I hereby certify that the gross receipts range bracket checked below is the correct bracket that includes the full and true amount of the gross sales, receipts, premiums, commissions or other forms of measurable returns from the trade, business, or profession during the year 2014 except sales and excise tax.

If you wish to use the Number of Employee Method explained in paragraph 6 on the instruction sheet, please enter the number of full time employees or equivalent.

Number of Employees or equivalent: _____

**PLEASE CHECK PROPER BRACKET BELOW FOR GROSS RECEIPTS METHOD:
AT LEAST**

\$ -0-	-	\$ 5,000 ()	\$1,250,000 -	\$1,500,000 ()
5,000	-	25,000 ()	1,500,000 -	1,750,000 ()
25,000	-	50,000 ()	1,750,000 -	2,000,000 ()
50,000	-	75,000 ()	2,000,000 -	3,000,000 ()
75,000	-	100,000 ()	3,000,000 -	4,000,000 ()
100,000	-	150,000 ()	4,000,000 -	5,000,000 ()
150,000	-	200,000 ()	5,000,000 -	6,000,000 ()
200,000	-	250,000 ()	6,000,000 -	7,000,000 ()
250,000	-	500,000 ()	7,000,000 -	8,000,000 ()
500,000	-	750,000 ()	8,000,000 -	9,000,000 ()
750,000	-	1,000,000 ()	9,000,000 -	10,000,000 ()
1,000,000	-	1,250,000 ()	10,000,000 -	15,000,000 ()

ADDITIONAL PROJECT FROM ABOVE

TAX I.D. NO: _____ GA. DEPT. OF LABOR
 _____ GA. DEPT. OF REVENUE
 _____ FEDERAL EMPLOYER

Under penalty of perjury, I declare that I have examined this return and to the best of my knowledge and belief, it is true, correct and complete.

SIGNED: _____ TITLE: _____ DATE: _____

FOR CITY USE ONLY

Classification of Business: _____
 Correct Range Bracket: _____
 2016 Occupational License Tax (Est.): _____
 Date Billed: _____ Date Paid: _____
 License No: _____ Receipt No: _____