

2013 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 2012 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: \_\_\_\_\_  
 2013 Occupational License Tax (Est.): \_\_\_\_\_  
 Date Billed: \_\_\_\_\_ Date Paid: \_\_\_\_\_  
 License No: \_\_\_\_\_ Receipt No: \_\_\_\_\_