



4362 Peachtree Rd.
 Atlanta GA 30319
 Main 404-637-0500
 Fax 404-637-0501
 www.brookhavenga.gov

2017 CITY OF BROOKHAVEN OCCUPATIONAL TAX RENEWAL

****PLEASE COMPLETE FRONT & BACK OF THIS APPLICATION. TO AVOID INTEREST & PENALTIES, RETURN NO LATER THAN APRIL 30, 2017. PLEASE MAIL PAYMENT WITH THIS RETURN****

ACCOUNT NO:	NAICS:	TAX CLASS:
Business/Corporate Name and Mailing Address:	Business/DBA Name and Location:	

E-MAIL: _____ **Federal Tax ID:** _____

Phone Number: _____ **Business Description:** _____

E-Verify #: _____
 (Required for businesses with more than 10 employees, otherwise please mark "Exempt")
 To register for e-verify please go to www.dhs.gov/e-verify

PLEASE CIRCLE THE APPROPRIATE RESPONSE:

Has the business location changed?	YES	NO
If yes, write new address here, (Brookhaven Only) _____		
Has the mailing address changed?	YES	NO
If yes, write new address here: _____		
Has the ownership changed?	YES	NO
If yes, ** A NEW BUSINESS TAX APPLICATION IS REQUIRED TO BE COMPLETED**		

CLOSED/MOVED BUSINESS: If your business has Closed or Moved Out of Brookhaven, complete below, sign and return form.

Closed Business ()/Moved out of Brookhaven () **Date Closed or Moved:** _____

Signature: _____

Renewal Instructions:

1. State Licensed Professional electing to pay a flat fee \$400 should complete the bottom right section of the calculation worksheet renewal only.
2. If the **Actual and Estimated gross receipts are \$20,000 or less**, omit line D. (please do not make any adjustments).
3. Return the **Renewal Application with a check or money order** for the total amount due by **April 30, 2017** to the City of Brookhaven Revenue Division. If received after **April 30th**, the city shall assess a onetime penalty in the amount of ten percent (10%) and interest a rate of 1.5 percent (1.5%) per month.
4. Make check or money order payable to: **City of Brookhaven**.



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ACCT./LICENSE NO:

NAICS:

TAX CLASS:

TABLE 1: PREVIOUS YEAR CALCULATIONS:	2016
A. 2016 Actual Gross Receipts <i>(If less than the \$20,000 deduction put "20,000")</i>	
a. Sales, Use or Excise Tax	
b. Inter-organizational Sales	
c. Payments to Sub-Contractors or Independent Agents	
d. Out of State Sales	
e. Sales Returns and Allowances	
f. Total Deductions (add a through e)	
B. Subtract Deductions from Actual Gross Receipts (A&F) cannot be less than \$20,000.00	
C. 2016 Estimated Gross Receipts	\$
D. Gross Receipts Adjustment = Line B - Line C (+ or -)	
E. Tax Adjustment = Line D x Rate (+ or -)	
F. 2016 Actual Employees	
G. 2016 Estimated Employees	
H. Employee Adjustment = Line F - Line G (+ or -)	
I. Employee Fee Adjustment = Line H x Rate (+ or -)	
J. Total Adjustment = Line E + I (+ or -)	

*(+ or -) means calculation could be positive or negative

TABLE 2: CURRENT YEAR ESTIMATES	2017
1. 2017 Estimated Gross Receipts <i>(If \$20,000.00 or less, put "20,000")</i>	
a. Sales, Use or Excise Tax	
b. Inter-organizational Sales	
c. Payments to Sub-Contractors or Independent Agents	
d. Out of State Sales	
e. Sales Returns and Allowances	
f. Total Deductions (add a through e)	
2. Subtract Deductions from Actual Gross Receipts (A&F) cannot be less than \$20,000.00	
3. Standard Deduction	\$20,000.00
4. Subtract Line 3 from Line 2 (use 0 if amount negative)	
5. Multiply Line 4 x Rate	
6. Est. Number of Employees ____ x Rate (At least one)	
7. Administrative Fee	\$125.00
8. Previous Year Adjustment (Table 1 Line J) (+ or -)	
9. Subtotal - (Add Lines 5 through 8)	
10. Penalty (10% of Line 9) (If Paid After April 30 th)	
11. Interest (1% of Line 9 - Per Month) (If Paid After April 30 th)	
12. GRAND TOTAL DUE (add Lines 9 -11)	

PROFESSIONAL PRACTITIONER FEE: \$400.00

Per Practitioner - Number of Practitioners ____

\$

I, _____, do solemnly swear that the information on this application is true, correct to the best of the applicant's knowledge, training, and ability, and that no false or misleading statement is made herein to obtain a business occupation tax certificate. I understand that if I provide false or misleading information in this application that I may be subject to criminal prosecution and/or immediate revocation of my business occupational tax certificate issued as a result of this application. I understand that I must comply with all city ordinances and regulations. I hereby agree to provide clearance(s) and/or inspection report(s) required prior to issuance of a business occupation tax certificate. All tax certificates expire December 31 and must be renewed annually.

Print Name & Title of Individual Authorized to Complete Return

Signature

Date