

## COVINGTON 2024 OCCUPATIONAL TAX APPLICATION

PLEASE CONTACT PLANNING & DEVELOPMENT DEPT FO	R QUESTIONS 770-385-2174	DUE DATE: JANUARY 1, 2024
RENEWAL FOR:		Business Number:
PHYSICAL ADDRESS:		Number of Employees:
CORPORATE MAILING ADDRESS:		Amount Due:
		PENALTY APPLIED AFTER 1/31 O.C.G.48-2-40
Check if Exempt (501©3 non-profits, disabled Veterans (sole Note: exempt status to include both state and local au RETURN WITH PAYMENT TO: CITY OF COVINGTON, PLA to City Hall – 2194 Emory Street Covington, GA 30014	ıthorities.	
CONTACT NAME:	EMAIL:	·
CONTACT NUMBER:		
Verification Status for Publi	c Benefits & Private Employer Aff	idavit (E-Verify)
You may get additional information on both the SAVE Program do so through this portal. You may also contact U.S. Citizenshi		
* If your profession is required to be state	e licensed, you must remit a copy	with this renewal form.
As required by the State of Georgia through O.C.G.A. 50-36-1(e), the C Alien Verification of Entitlement (SAVE) Program operated by the Unit under oath, as an applicant for public benefit referenced in O.C.G.A. So for Occupation Tax.	ed State Department of Homeland Securi	ty before a license is issued. By executing this affidavi
I am a United States Citizen		
I am a legal permanent resident 18 years of age or older I am othe years of aga or older and lawfully present in the United States. * If sel		
SECTION 2		
LESS THAN 10 EMPLOYEES		
By executing this affidavit, the undersigned private employer verifies if firm, or corporation employs less that ten (10) employees and ther commonly known as E-Verify, or any subsequent replacement program	efore, is not required to register with a	nd /or utilize the federal work authorization program
MORE THAN 10 EMPLOYEES. Please visit www.uscis.gov or call 1-8:	88-464-4218	
By executing this affidavit, the undersigned private employer verifies i employees more than ten (10) employees and has registered with an replacement program, in accordance with the applicable provision ar hereby attests that its federal work authorization user identification n	d utilized the federal work authorization and deadlines established in O.C.G.A. 13-1	program commonly known as E-Verify or a subsequer 0-90. Furthermore, the undersigned private employe
Federal Work Authorization User Identification Number/E-Verify (if red I hereby declare under penalty of perjury that all the foregoing is true	. ,	Authorization Date (if required)
Signature of Authorized Business Owner, Officer or Authorized Agent	Print name	<del></del>
NOTARY STAMP BELOW:	SUBSCRIBED AND SWORN BEFORE ME	
	ON THIS THEDAY OF	, 20
	NOTARY SIGNATURE:	

NUMBER OF EMPLOYEES	TAX CALCULATION
0-1	\$25
2 – 4	\$100
5 – 20	\$100 plus \$20 per employee for each
	employee in excess of 4
21 – 75	\$420 plus \$15 for each employee in excess
	of 20
76 – 175	\$1,245 plus \$13 for each employee in
	excess of 75
OVER 175	\$2,545 plus \$9 for each employee over
	175

## Penalty applied after January 31<sup>st</sup>, reference O.C.G.A. 48-2-40

For any questions regarding fee calculations, please call 770-385-2174.