

COVINGTON 2025 OCCUPATIONAL TAX APPLICATION

PLEASE CONTACT PLANNING & DEVELOPMENT DEPT FOI	R QUESTIONS 770-385-2174	DUE DATE: JANUARY 1, 2025
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, PLATO City Hall – 2194 Emory Street Covington, GA 30014	thorities.	
CONTACT NAME:	EMAIL:	
CONTACT NUMBER:		
Verification Status for Public	c Benefits & Private Employer Af	fidavit (E-Verify)
You may get additional information on both the SAVE Program do so through this portal. You may also contact U.S. Citizenshi		
SECTION 1 * If your profession is required to be state	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 Unite under oath, as an applicant for public benefit referenced in O.C.G.A. Sefor Occupation Tax.	ed State Department of Homeland Secur	ity 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 other years of aga or older and lawfully present in the United States. * If selections is a selection of the I am of		
SECTION 2		
LESS THAN 10 EMPLOYEES		
By executing this affidavit, the undersigned private employer verifies t firm, or corporation employs less that ten (10) employees and there commonly known as E-Verify, or any subsequent replacement program	efore, is not required to register with a	and /or utilize the federal work authorization program
MORE THAN 10 EMPLOYEES. Please visit <u>www.uscis.gov</u> or call 1-88	88-464-4218	
By executing this affidavit, the undersigned private employer verifies in employees more than ten (10) employees and has registered with and replacement program, in accordance with the applicable provision an hereby attests that its federal work authorization user identification no	I utilized the federal work authorization d deadlines established in O.C.G.A. 13-	program commonly known as E-Verify or a subsequer 10-90. Furthermore, the undersigned private employed
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	
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 31st, reference O.C.G.A. 48-2-40

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