



## 2026 OCCUPATIONAL TAX APPLICATION

PLEASE CONTACT PLANNING & DEVELOPMENT DEPT FOR QUESTIONS 770-385-2174

**DUE DATE: JANUARY 1, 2026**

RENEWAL FOR: \_\_\_\_\_

Business Number: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

CORPORATE MAILING ADDRESS: \_\_\_\_\_

Amount Due: \_\_\_\_\_

(see back page)

☐ Check if Exempt (501©3 non-profits, disabled Veterans (sole propriety), Legally Blind Owned businesses are exempt from tax – include verification)  
Note: exempt status to include both state and local authorities.

**RETURN WITH PAYMENT TO: CITY OF COVINGTON, PLANNING & DEVELOPMENT, P O BOX 1527 COVINGTON, GA 30015 or deliver to City Hall – 2194 Emory Street Covington, GA 30014**

CONTACT NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_

### Verification Status for Public Benefits & Private Employer Affidavit (E-Verify)

You may get additional information on both the SAVE Program and E-Verify at [www.uscis.gov](http://www.uscis.gov). If you are not already enrolled in E-Verify, you may do so through this portal. You may also contact U.S. Citizenship & Immigration Services at 1-888-464-4218.

### 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 City of Covington must verify your eligibility for Georgia Public Benefits through the Systematic Alien Verification of Entitlement (SAVE) Program operated by the United State Department of Homeland Security before a license is issued. By executing this affidavit under oath, as an applicant for public benefit referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my City of Covington, GA application for Occupation Tax.

☐ I am a United States Citizen

☐ I am a legal permanent resident 18 years of age or older I am otherwise a qualified alien or non-immigrant under the Federal Immigration and National Act 18 years of age or older and lawfully present in the United States. \* If selecting this box, must include documents to verify immigration status with application.

### SECTION 2

☐ LESS THAN 10 EMPLOYEES

By executing this affidavit, the undersigned private employer verifies that it is exempt from compliance with O.C.G.A. 36-60-6 stating affirmatively that the individual, firm, or corporation employs less than ten (10) employees and therefore, is not required to register with and /or utilize the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. 13-10-90.

☐ MORE THAN 10 EMPLOYEES. Please visit [www.uscis.gov](http://www.uscis.gov) or call 1-888-464-4218

By executing this affidavit, the undersigned private employer verifies its compliance with O.C.G.A. 36-60-6 stating affirmatively that the individual, firm, or corporation employs more than ten (10) employees and has registered with and utilized the federal work authorization program commonly known as E-Verify or a subsequent replacement program, in accordance with the applicable provision and deadlines established in O.C.G.A. 13-10-90. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and are of authorization are as follows:

\_\_\_\_\_  
Federal Work Authorization User Identification Number/E-Verify(if required)

\_\_\_\_\_  
Authorization Date (if required)

I hereby declare under penalty of perjury that all the foregoing is true and correct.

\_\_\_\_\_  
Signature of Authorized Business Owner, Officer or Authorized Agent

\_\_\_\_\_  
Print name

NOTARY STAMP BELOW:

SUBSCRIBED AND SWORN BEFORE ME

ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_

NOTARY SIGNATURE: \_\_\_\_\_

NUMBER OF EMPLOYEES	TAX CALCULATION
0 – 1	\$75
2 – 4	\$120
5 – 20	\$120 plus \$25 per employee for each employee in excess of 4
21 – 75	\$520 plus \$20 for each employee in excess of 20
76 – 175	\$1,620 plus \$18 for each employee in excess of 75
OVER 175	\$3,420 plus \$14 for each employee over 175
Required fees (in addition to OTC fee)	
Administration Fee (before January 31 <sup>st</sup> )	\$25
Administration Fee (after February 1 <sup>st</sup> )	\$50
<ul style="list-style-type: none"> <li>This fee scale is effective for OTC in 2026 calendar year.</li> </ul>	

- Penalty applied after January 31<sup>st</sup>, reference O.C.G.A. 48-2-40 plus \$50 Admin Fee

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