



2020 CITY OF COVINGTON OCCUPATIONAL TAX RENEWAL APPLICATION

PLEASE CONTACT PLANNING & ZONING DEPT FOR ANY QUESTIONS 770-385-2020

DUE DATE: JANUARY 1, 2020

RENEWAL FOR: _____

*** penalty applied after 1/31, reference O.C.G.A. 48-2-40**

Local Address: _____

Corp Address: _____

Business Number:

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 \$13.00 for each employee in excess of 75
OVER 175	\$2545 plus \$9.00 for each employee over 175

NUMBER OF EMPLOYEES _____ AMOUNT ENCLOSED \$ _____

CHECK IF EXEMPT (501(C)3 NON PROFITS, DISABLED VETERANS, & LEGALLY BLIND OWNED BUSINESSES ARE EXEMPT FROM TAX - INCLUDE VERIFICATION)

RETURN WITH PAYMENT TO: CITY OF COVINGTON, PLANNING & ZONING PO BOX 1527 COVINGTON, GA 30015 or deliver to City Hall - 2194 Emory St Covington, GA 30014

CONTACT NAME: _____ EMAIL: _____

CONTACT #: _____

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

You may get additional information on both the Save Program and E-Verify at uscis.gov Information is on the right side of homepage (located under Verification). 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

As required by the State of Georgia through OCGA 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 States Department of Homeland Security before a license is issued.

By executing this affidavit under oath, as an applicant for a public benefit referenced in O.C.G.A. Section 50-36-1, I am stating the following with respect to my City of Covington, Georgia, application for: Occupational Tax.

I am a United States Citizen

I am a legal permanent resident 18 years of age or older or I am otherwise a qualified alien or non-immigrant under the Federal Immigration and Nationality 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.

*** If your profession is required to be state licensed, you must remit a copy with this renewal form.**

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 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 utilizes 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. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number and date 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 THE _____ DAY OF _____, 20__

NOTARY SIGNATURE: _____