|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **(Per Fire Code Official**.) Submitting applicant is required to contact Dublin Fire Safety and Prevention Division,Prior to submittal by calling **(478) 410-5416**. For verification of fire code compliance**. This section will be filled out by Fire Inspector at Time of inspection**  Passed Inspection YES NO  Date Inspected \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Fire Inspector \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | **OCCUPATION TAXATION RETURN**  **City of Dublin**  **Occupational Tax Division**  **P.O. Box 690**  **Dublin, Georgia 31040**  **(478) 277-5019**  Please type or print with a ballpoint pen. **PENALTY FOR FAILURE TO FILE** | | | | | **TO BE COMPLETED BY CITY:**  TAX NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  NUMBER OF EMPLOYEE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  LATE PENALTY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TOTAL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  DATE PROCESSED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Printed\_\_\_\_\_ E-Verify\_\_\_\_\_\_ Scanned\_\_\_\_\_  BOTSS Conf #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Check One** □Renewal □New  □Amended | | Business  Start Date | Month | Day | | Year | Phone# |
| BUSINESS NAME | | | | | BUSINESS LOCATION (Not P.O. Box) □ No Change | | | | CITY. STATE □ No Change | ZIP CODE | |
| Description of Work | | | | | STREET OR P. 0. BOX □ No Change | | | | CITY. STATE □ No Change | ZIP CODE | |
| Previous Business Name and Location  NAME | | | | | STREET OR P. 0. BOX □ No Change | | | | CITY. STATE □ No Change | ZIP CODE | |
| Check One □Partnership □Corp  □Sole Owner □Other | | Corp. Name | | | STREET OR P. 0. BOX | | | | CITY. STATE | ZIP CODE | |
| NAME OF OWNER(S) AND RESIDENCE ADDRESS | | NAME  S. S. No. D.O.B. | | | STREET Cell# | | | | CITY. STATE | ZIP CODE | |
| **O**  **F**  **F**  **I**  **C**  **E**  **R** | TITLE | NAME  S. S. No. D.O.B. | | | STREET Cell# | | | | CITY. STATE | ZIP CODE | |
| TITLE | NAME  S. S. No. D.O.B. | | | STREET Cell# | | | | CITY. STATE | ZIP CODE | |
| TITLE | NAME  S. S. No. D.O.B. | | | STREET Cell# | | | | CITY. STATE | ZIP CODE | |
| EMERGENCY CONTACT NAME | | | ADDRESS | | | | | | PHONE# | | |
| EACH SUBCONTRACTOR OR INDEPENDENT AGENT MUST FILL OUT AN OCCUPATION TAXATION RETURN. LIST ON A SEPARATE SHEET OF PAPER THE NAME, ADDRESS, AND PHONE NUMBER · OF THAT SUBCONTRACTOR OR INDEPENDENT AGENT. ENCLOSE THIS LISTING WITH YOUR RETURN. | | | | | AVERAGE NUMBER OF EMPLOYEES DURING THE LAST 12 MOUNTHS FOR BUSINESS. AT THIS LOCATION. {FULL TIME EQUIVALENT INCLUDING OWNER(S) AND FAMILY MEMBERS WORKING IN BUSINESS. PART-TIME EMPLOYEES COUNT AS 1/2 EMPLOYEE WITH TOTAL ROUNDED UP TO NEXT WHOLE NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
| \*\* **CERTIFICATION** \*\* I certify that theforegoing information is true and correct. I understand that falsification of any part of this tax return may cause penalty, denial, or closure of business.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  OWNER/OFFICER SIGNATURE DATE | | | | | Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sales Tax#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Federal ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAICS#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **OCCUPATION TAXATION RETURN 202012-01** | | | | | |