|  |  |  |
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| **(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 NODate 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 | BusinessStart 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 | NAMES. S. No. D.O.B. | STREET Cell# | CITY. STATE  | ZIP CODE |
| **O****F****F****I****C****E****R** | TITLE | NAMES. S. No. D.O.B. | STREET Cell# | CITY. STATE  | ZIP CODE |
| TITLE | NAMES. S. No. D.O.B. | STREET Cell# | CITY. STATE  | ZIP CODE |
| TITLE | NAMES. 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** |