



Occupational Tax Application

Business Information:

If new business or information has changed, complete below:

Business Address: _____
 Phone: _____
 Business Desc: _____
 Business Starting Date: _____
 Owner Name: _____
 Personal Phone: _____
 GA Sales Tax Id: _____
 Tax Id: _____
 Inside City _____ Outside City _____ Existing Business _____ New Business _____

Emergency Contact Name and Address:

Name: _____
 Address: _____
 Phone: _____

Office Use Only:

Resident or Non - Resident:
 FAL:
 Hazardous Material:
 NAICS Code:
 Type of Business:
 # of Locations:

The City of Waynesboro levies Occupation Taxes in accordance with Ordinance 2000-3-1 of the City of Waynesboro Code of Ordinances. The Tax is calculated based on the number of employees of a business. An employee is defined as an individual whose work is performed under the direction and supervision of the employer and whose employer withholds FICA, federal income tax, or state income tax from such individual's compensation or whose employer issues to such individual for the purpose of documenting compensation a form IRS W-2 but not a form IRS 1099. If temporary or part-time employees are used, the total number of taxable employees will be calculated by adding hours worked in a year and dividing by 2,080. The City may request supporting information such as wage and tax reports to determine the accuracy of information provided.

Please complete this form and return to City Hall, 628 Myrick Street, Waynesboro, GA 30830, with your payment no later than December 31st.

Please Note:

Practitioners of certain professions may elect to pay a flat fee of \$200.00. If you are considering this option, contact the City Clerk. I hereby certify that the information reported herein is true and correct.

Number of Employees: _____ Federal Work Authorization User ID Number: _____ (11 or more employees)

Employees	Tax Liability (After Mar 31 st : 10% Penalty added)
0-2	\$90
3-10	\$125 for up to 3 employees and \$35 for each additional
11-20	\$402 for up to 11 employees and \$32 for each additional
21-30	\$715 for up to 21 employees and \$25 for each additional
31-33	\$958 for up to 31 employees and \$18 for each additional
43 & Over	\$1,000

Signature of Authorized Person Reporting

Date of Completion

Printed Name of Authorized Person Reporting

Title of Authorized Person Reporting

Please review the information on the application and make any necessary changes.
 Use the tax schedule below to determine the tax amount due for your Occupational License.

TAX SCHEDULE

Number of Employees	Amount of Tax Before 3/31/20	Amount of Tax After 3/31/20
0	\$ 90.00	\$ 99.00
1	\$ 90.00	\$ 99.00
2	\$ 90.00	\$ 99.00
3	\$ 125.00	\$ 137.50
4	\$ 160.00	\$ 176.00
5	\$ 195.00	\$ 214.50
6	\$ 230.00	\$ 253.00
7	\$ 265.00	\$ 291.50
8	\$ 300.00	\$ 330.00
9	\$ 335.00	\$ 368.50
10	\$ 370.00	\$ 407.00
11	\$ 402.00	\$ 442.20
12	\$ 434.00	\$ 477.40
13	\$ 466.00	\$ 512.60
14	\$ 498.00	\$ 547.80
15	\$ 530.00	\$ 583.00
16	\$ 562.00	\$ 618.20
17	\$ 594.00	\$ 653.40
18	\$ 626.00	\$ 688.60
19	\$ 658.00	\$ 723.80
20	\$ 690.00	\$ 759.00
21	\$ 715.00	\$ 786.50
22	\$ 740.00	\$ 814.00
23	\$ 765.00	\$ 841.50
24	\$ 790.00	\$ 869.00
25	\$ 815.00	\$ 896.50
26	\$ 840.00	\$ 924.00
27	\$ 865.00	\$ 951.50
28	\$ 890.00	\$ 979.00
29	\$ 915.00	\$ 1,006.50
30	\$ 940.00	\$ 1,034.00
31	\$ 958.00	\$ 1,053.80
32	\$ 976.00	\$ 1,073.60
33	\$ 994.00	\$ 1,093.40
34 & Over	\$ 1,000.00	\$ 1,100.00