

2024 Occupational Tax Renewal Application

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Updated SEPT 2023

NOTICE TO APPLICANT

Certain practitioners of professions may elect to pay \$400 per practitioner in lieu of reporting their number of employees. Check page 2 of this form to determine eligibility for this option. If you are eligible, and management elects to pay the flat per-practitioner tax this year, check below and submit your payment with this application. If you choose to pay the per practitioner fee, you do not pay the employee fee. Fees are due no later than March 31 to avoid penalties. **Late fees are assessed April 1 and accrue monthly.**

Permanent Legal Residents and Qualified aliens or non-immigrants under the Federal Immigration and Nationality Act with an alien number issued by the Dept. of Homeland Security or other federal immigration agency must submit a copy of their document with their application.

Applicants must fill out this form completely. Checks should be made out to the City of Pooler. Forms should be mailed to the City of Pooler, Attn: Finance Department/Business Registration, 100 US Highway 80 SW, Pooler, GA 31322.

Business Information

Business Name		DBA (if applicable)
Business Mailing Address		
Contact Name	Contact Phone	Contact Email
NAICS# (<u>www.naics.com</u>)		Business Type
FEIN or SSN		Sales Tax ID (if applicable)
Manager/Owner Name	DOB	Driver's License & State
enewar imormation		
Number of Employees		Amount Due (see page 2)
☐ Elect to Pay \$400 Per Practitioner Fee	Number of Practitioners:	Amount Due:
ffidavit		
If business has fewer than 10 employees exempt and provide the E-Verify number		er than 10 employees, mark non-
☐ Exempt ☐ Non-Exempt / E-VERI	FY Number:	



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Applicant verifies one of the	• • • • • • • • • • • • • • • • • • • •	
☐ I am a Un	ited States citizen.	
□ I am a lec	gal permanent resident	
	Alien Number	er Expiration Date
with an a		he Federal Immigration and Nationality Act ent of Homeland Security or other federal
Alien Nur	mber Issued by Federal Agency	Expiration Date
that I will operate my bus	iness in accordance with all applicab	e and correct to the best of my knowledge. I certify le Federal, State and City laws and regulations. I
that I will operate my bus	iness in accordance with all applicab ny false statements made above are	e and correct to the best of my knowledge. I certify le Federal, State and City laws and regulations. I grounds for denial and revocation of this business
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Annual Occupational Tax (Business License) Fee Schedule

Occupational Tax fees are dependent upon the number of employees located at **each** business location. Fees are due no later than March 31. Payments received after this date will be assessed penalties on a monthly accrual basis.

Num. of Employees	Total Tax Rate	Num. of Employees	Total Tax Rate
0-1	\$125	12	\$675
2	\$175	13	\$725
3	\$225	14	\$775
4	\$275	15	\$825
5	\$325	16	\$875
6	\$375	17	\$925
7	\$425	18	\$975
8	\$475	19	\$1025
9	\$525	20	\$1075
10	\$575	21+	\$1075 + \$5/employee
11	\$625		