

**CITY OF LAFAYETTE, GEORGIA
OCCUPATION TAX RETURN**

Date: _____ Telephone # _____

Name of Business: _____

Mailing Address: _____

Location of Business if different from above: _____

Date Started: _____

Describe Principal Type of Business Conducted: _____

Occupation Tax (Business License)

A. Based on number of employees (An employee is defined as any 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 purposes of documenting compensation a form I.R.S. W-2 but not a form I. R. S, 1099. The City may request supporting information such as Wage and Tax reports to determine the accuracy of information.)

0-1 EMPLOYEES	_____
2-5 EMPLOYEES	_____
6-10 EMPLOYEES	_____
11-50 EMPLOYEES	_____
51-100 EMPLOYEES	_____
101-200 EMPLOYEES	_____
OVER 200 EMPLOYEES	_____

I hereby certify that the information reported herein is true and correct.

(Signature of authorized person reporting)

(Printed name of authorized person)

Title of Authorized Person Reporting _____

Private Employer Exemption Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

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 ten (10) or fewer employees and 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. § 36-60-6.

Signature of Exempt Private Employer

Printed Name of Exempt Private Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.
Executed on _____, _____, 202__ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE _____ DAY OF _____, 202_____.

NOTARY PUBLIC

My Commission Expires:

* This affidavit is for submissions made on or after to July 1, 2013.

O.C.G.A. § 50-36-1(e)(2) Affidavit

By executing this affidavit under oath, as an applicant for a(n) Occupational Tax [type of public benefit], as referenced in O.C.G.A. § 50-36-1, from City of LaFayette, Ga. [name of government entity], the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) _____ I am a United States citizen.
- 2) _____ I am a legal permanent resident of the United States.
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number issued by the Department of Homeland Security or other federal immigration agency is: _____

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

Driver license or _____.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in LaFayette (city), Georgia (state).

Signature of Applicant

Printed Name of Applicant

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
_____ DAY OF _____ 20____

NOTARY PUBLIC
My Commission Expires: _____