City of Savannah – *Revenue Department*

132 E. Broughton St. P O Box 1228 Savannah, GA 31402-1228 (912) 651-6445

NEW BUSINESS TAX RETURN

Account No. _____ **Calendar Year** _____ **NAICS No.** _____

Tax Class _____ **Classification**_____ **PIN** _____

Application must be fully completed before processing. Certificate will be delivered within 10 business days. Please Type or Print with Ballpoint Pen. ***All tax certificates expires on December 31st of the year issued.*** *Report any change of location/mailing address promptly to Business Tax Department. Instruction on reverse side of this form.*

1. Have you ever operated a Business in the City of Savannah? __ Yes ___ No 2. Date Started New Business _____

3. Corporation Name _____

4. Business Address (Physical location, Apt, Ste., Etc.) _____

5. Trade Name if Different Than Line 3 (DBA) _____

6. Mailing Address _____

7. Business Telephone No. _____ Contact No. _____ Cell No. _____

8. Contact Person: _____ 9. E-Mail Address: _____

10. Owner(s) Personal Information:

Name _____ Address: _____

City _____ State _____ Zip Code _____

Phone # _____ Date of Birth_____ Social Sec. No. _____

Name _____ Address: _____

City _____ State _____ Zip Code _____

Phone # _____ Date of Birth _____ Social Sec. No. _____

11. Dominant Business: _____

Other Business Activities Performed: _____

12. Federal Tax ID# _____ State Tax ID # _____

If required. Application will be returned if not provided **If required. Application will be returned if not provided**

13. Estimated Gross Revenue from Start Date of New Business to December 31st.

_____
Confidential

14.Business Tax from Schedule $ _____

Add Regulatory fee (if any) _____

Total Due _____

Interest & Penalty will apply for new businesses operating over 30 days

15. Describe how you determined the gross receipts bracket entered on line 10.

_____

16. Certain PRACTITIONERS OF PROFESSIONS may elect to pay $400.00 per practitioner in lieu of reporting and paying a tax on gross receipts. Check the list of professions on the back of this form to determine eligibility for this option. If you are eligible, and if you and all members of your firm elect to pay the flat per practitioner tax this year, check below and submit your payment of $400 per practitioner with this return. See instructions on back.

__ **I ELECT TO PAY A $400 FLAT TAX IN LIEU OF REPORTING GROSS RECEIPTS BRACKET AND PAYING A TAX BASED ON GROSS RECEIPTS.**

17. **I HEREBY REGISTER THE HEREIN NAME BUSINESS TO OPERATE WITHIN THE CITY OF SAVANANH, AND CERTIFY THAT I AM THE PERSON AUTHORIZED BY THIS BUSINESS TO FILE THIS RETURN, INCLUDING ANY ACCOMPANYING SCHEDULES AND STATEMENTS. I FURTHER CERTIFY THAT ALL STATEMENTS AND OTHER INFORMATION PROVIDED ON AND WITH THIS RETURN ARE TRUE, CORRECT, AND COMPLETE.**

Signature: _____ Date _____ Title _____