

CITY OF SAVANNAH

Revenue Department

132 East Broughton Street - P. O. Box 1228 - Savannah, GA 31402-1228 - (912) 651-6450

BUSINESS TAX RETURN

TAX CLASS
LOCATION

ACCOUNT NO.
N.A.I.C.S. NO.

CALENDAR YEAR
CLASSIFICATION

Please fill in all applicable information requested below. This business tax return must be filed and tax paid by March 1 to avoid penalty. Instructions for completing this form are on the reverse side. (Practitioners of professions - See Line 25.)

1. **THIS RETURN IS FOR** RENEWAL NEW BUSINESS 2. DATE RETURN FILED

(Check one) AMENDED FINAL RETURN 3. DATE STARTED NEW BUSINESS

4. BUSINESS LOCATED INSIDE CITY OUTSIDE CITY 5. DATE BUSINESS SOLD OR CLOSED

6. BUSINESS LOCATION (Street Address) 7. BUSINESS TELEPHONE

8. BUSINESS NAME IF OTHER THAN PRINTED ABOVE

9. BUSINESS MAILING ADDRESS IF OTHER THAN PRINTED ABOVE

10. APPLICANT'S NAME 11. DATE OF BIRTH 12. SOCIAL SEC. NO.

13. APPLICANT'S HOME ADDRESS 14. APPLICANT'S HOME PHONE

15. NAME OF BUSINESS OWNER(S) 16. HOME PHONE NUMBER(S)

CHECK ONE SOLE OWNER PARTNERSHIP CORPORATION: GEORGIA OTHER STATE

18. CORPORATE NAME

19. IS BUSINESS CARRIED ON AT LOCATIONS OTHER THAN THE ONE SHOWN ON LINE 6? YES NO IF YES, NAME AND LOCATION (Attach list if necessary.)

20. DOMINANT BUSINESS ACTIVITY

21. ENTER THE GROSS RECEIPTS BRACKET REPRESENTING GROSS INCOME DURING THE PRECEDING CALENDAR YEAR _____
CONFIDENTIAL

22. BUSINESS TAX FROM SCHEDULE \$ _____
ADD REGULATORY FEE (IF ANY) _____
ADD THE GREATER OF \$25.00 OR 10% IF RENEWED AFTER MARCH 1 _____
ADD 1% INTEREST PER MONTH IF PAID AFTER MARCH 31 _____

23. GEORGIA SALES TAX NUMBER _____
(Required. Application will be returned if not provided.)

TOTAL AMOUNT DUE _____
Pay this amount with your tax return CONFIDENTIAL

24. DESCRIBE HOW YOU DETERMINED THE GROSS RECEIPTS BRACKET ENTERED ON LINE 21. SHOW THE AMOUNT OF ANY EXCLUSIONS YOU TOOK PURSUANT TO EXCLUSIONS (C), (D), (E), AND (F), ITEM 21 ON THE BACK OF THIS FORM, AND EXPLAIN THE BASIS FOR THE EXCLUSION. ATTACH ADDITIONAL SHEET IF NECESSARY.

25. Certain PRACTITIONERS OF PROFESSIONS may elect to pay \$400 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 with this return.
 I ELECT TO PAY A \$400 FLAT TAX IN LIEU OF REPORTING GROSS RECEIPTS BRACKET AND PAYING A TAX BASED ON GROSS RECEIPTS

26. I HEREBY REGISTER THE HEREIN NAMED BUSINESS TO OPERATE WITHIN THE CITY OF SAVANNAH, 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 _____ Title _____