



Account No:		Calendar Year: 2019	Classification:
Class Type:	Tax Type:	NAICS No:	

Completed Application and Full Payment is Due **January 31, 2019.**
(ALL FIELDS MUST BE COMPLETED)

1. Date Return Filed:		2. Date Business Closed: <i>(if final return)</i>	
3. Business Phone:		E-mail Address:	
4. Business Name:			
5. Business Address:			
6. Contact Name:		Contact Phone:	
8. Owner's Name:			
9. Owners Home Address:			
10. Owner's Home Phone:		Owner's Cell Phone:	
11. Name of Additional Business Owner(s):		Additional Business Owner Phone:	
12. Enter the 2018 Actual Gross Receipts :		13. Enter Tax from Schedule (see reverse side): \$	
14. Add Regulatory Fee (If Any)			\$
15. Past Due Balance			\$
15. Late Fee			\$
16. Additional Tax Due		17. Total Paid	\$

18. DESCRIBE HOW YOU DETERMINED THE GROSS RECEIPTS ENTERED ON LINE 12. SHOW THE AMOUNT OF ANY EXCLUSIONS YOU TOOK AND EXPLAIN THE BASIS FOR THE EXCLUSION. ATTACH ADDITIONAL SHEETS IF NECESSARY.

19. YOU MAY ELECT TO PAY \$400.00 PER PRACTITIONER IN LIEU OF REPORTING AND PAYING A TAX ON GROSS RECEIPTS. IF YOU ARE ELIGIBLE, AND IF YOU AND ALL MEMBERS OF YOUR FIRM ELECT TO PAY THE FLAT PER PRACTITIONER RATE THIS YEAR, CHECK THE BOX BELOW AND SUBMIT THE \$400 PER PRACTITIONER FEE.

I ELECT TO PAY \$400 PER PRACTITIONER IN MY FIRM IN LIEU OF REPORTING GROSS RECEIPTS. **NUMBER OF PRACTITIONERS** _____

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.

Print Name _____

Title _____

Signature _____

Date _____