

BUSINESS REGISTRATION AND OCCUPATION TAX RETURN  
SPALDING COUNTY BUSINESS TAX DIVISION  
119 EAST SOLOMON STREET, ROOM 110  
P.O. BOX 1087  
GRIFFIN, GA 30224  
770-467-4208

RETURN FOR CALENDAR YEAR 2001

DUE OCTOBER 1<sup>ST</sup> THROUGH DECEMBER 31<sup>ST</sup>

PENALTY FOR FAILURE TO FILE BY JANUARY 1<sup>ST</sup>

PENALTY ON NEW RETURNS IF FILED AFTER STARTING DATE OF BUSINESS

PLEASE TYPE OR PRINT WITH BALL POINT PEN

FOR TAX OFFICE FIRE CODE S.I.C. DATE FILED  
USE ONLY ZONING CODE EXEMPTION REGISTRATION #

COMPLETE ALL SPACES THAT RELATE TO COUNTY ACTIVITY

NEW SOLE OWNER DATE STARTED NEW BUSINESS  
RENEWAL PARTNERSHIP DATE SOLD/CLOSED BUSINESS  
AMENDED CORPORATION RECEIPT #  
FINAL GA OTHER

BUSINESS NAME

MAILING ADDRESS

CITY STATE ZIP CODE

BUSINESS TELEPHONE # AREA CODE -----

HOME TELEPHONE # AREA CODE -----

PART I. LIST ALL OWNERS, PARTNERS, OR CORPORATE OFFICERS. ATTACH A LIST IF ADDITIONAL SPACE IS NEEDED.

LIST THE PRINCIPAL OWNER, CORPORATE PRESIDENT OR MANAGING PARTNER FIRST.

NAME TITLE

STREET ADDRESS

CITY STATE ZIP CODE

NAME TITLE

STREET ADDRESS

CITY STATE ZIP CODE

NAME TITLE

STREET ADDRESS

CITY STATE ZIP CODE

PART II. LIST ALL BUSINESS ACTIVITIES THAT ARE CARRIED OUT BY YOUR BUSINESS LISTED AT THE ABOVE ADDRESS LOCATED IN SPALDING COUNTY. LIST THE PRIMARY LINE OF BUSINESS FIRST

SPALDING COUNTY BUSINESS REGISTRATION #

**PART III. REGULATORY COMPLIANCE:** Certain businesses are required to attach the latest inspection of premises by the Spalding County Fire Marshal. See instructions for a listing of those businesses which are subject to this provision. Businesses subject to inspection or certification under State Law or other sections of the County Code must attach proof of such inspection certification.

**PART IV. EXEMPTIONS FROM BUSINESS AND OCCUPATION TAX:** Check on item below for exemption and attach certification as required by ordinance. See instructions for additional information regarding exemption from business and occupation taxes.

- Business listed in Sec. 6-1094, regulated by O.C.G.A. Sec. \_\_\_\_\_.
- Business operated for charitable purpose; attach I.R.S. determination letter.
- Holder of State Certificate; attach certificate of exemption.
- Farm operation producing agriculture products, but not including agribusiness.
- Business which has no office or location in Georgia; greatest dollar volume of Georgia business is in \_\_\_\_\_ County or City of \_\_\_\_\_.

**PART V. BUSINESS LOCATIONS:** List all locations in Spalding County by street address (not P.O. Box) and number of employees. Number of employees shall include all persons who receive a W-2 from the business. For businesses with part-time employees, see instructions for computing full-time equivalent employees. For more than four locations, attach a complete listing of all locations.

ADDRESS OF LOCATION #1 _____	FULL TIME EMPLOYEES _____
ADDRESS OF LOCATION #2 _____	FULL TIME EMPLOYEES _____
ADDRESS OF LOCATION #3 _____	FULL TIME EMPLOYEES _____
ADDRESS OF LOCATION #4 _____	FULL TIME EMPLOYEES _____

**PART VI. COMPUTATION OF TAXES AND FEES:**

For professional election, check here  and see instructions for tax.

Total number of employees from listing of locations \_\_\_\_\_ X \$10.00 = \_\_\_\_\_

(Business starts after June 30<sup>th</sup>, divide number of employees by 2)

Administrative fee \$20.00

Penalty, 10% on past due returns \_\_\_\_\_

Interest, 1.5% per month or portion of month past due \_\_\_\_\_

**TOTAL TAXES AND FEES DUE** \_\_\_\_\_

(ATTACH CHECK TO FRONT OF FORM)

**IN ACCORDANCE WITH THE BUSINESS AND OCCUPATION TAX ORDINANCE OF SPALDING COUNTY, GEORGIA, I, THE UNDERSIGNED, CERTIFY THAT I AM THE PERSON DULY AUTHORIZED BY THE BUSINESS HEREIN NAMED TO FILE THIS RETURN, INCLUDING THE ACCOMPANYING SCHEDULES AND STATEMENTS AND THAT THE SAME ARE TRUE, CORRECT AND COMPLETE.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT OR TYPE NAME AND TITLE

\_\_\_\_\_

MAIL RETURNS BEFORE DECEMBER 31<sup>ST</sup>

TO: SPALDING COUNTY BUSINESS REGISTRATIONS

**P.O. BOX 1087  
GRIFFIN, GA 30224**