

**Business Registration and Occupation Tax Return
 Spalding County Business Tax Division
 119 East Solomon Street, Room 203
 P.O. Box 1087
 Griffin, GA 30224
 770-467-4208**

RETURN FOR CALENDAR YEAR 2010

DUE OCTOBER 1ST THROUGH DECEMBER 31ST

PENALTY FOR FAILURE TO FILE BY JANUARY 1ST

PENALTY ON NEW RETURNS IF FILED AFTER STARTING DATE OF BUSINESS

PLEASE TYPE OR PRINT WITH BALL POINT PEN

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

COMPLETE ALL SPACES THAT RELATE TO COUNTY ACTIVITY

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

E-MAIL ADDRESS _____

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 which is 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: _____ 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 30th, divide number of employees by 2)

Administrative fee \$50.00

Penalty, \$50.00 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.

Applicants will be required to submit a valid Georgia Drivers License for duplication to ensure the identity of the applicant.

Signature _____ Date _____

Print or type name and title

Mail Returns before December 31st

**TO: Spalding County Business Registrations
Post Office Box 1087
Griffin, GA 30224**