



State of Georgia

Douglas J. MacGinnitie  
Commissioner

**Department of Revenue**  
**Local Government Services Division**  
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To: Financial Institutions

From: Vicki Lambert, Director

SUBJECT: RETURN OF BUSINESS LICENSE TAX

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Enclosed please find Form PT-440, Return of Business License Tax.

Although the State of Georgia provides the PT-440 "Return of Business License Tax" form, the responsibility for receiving and processing these returns belongs to the local governing authorities.

Therefore, please direct all inquires to the city and /or county officials that handle the business license taxation in your jurisdiction.

# RETURN OF BUSINESS LICENSE TAXES

**CALENDAR YEAR ENDED DECEMBER 31, 20\_\_\_\_**

|  |   |                       |
|--|---|-----------------------|
| FEDERAL E. I. NUMBER   | EXACT CORPORATE NAME                                      | DO NOT USE THIS SPACE |
| Attach a copy of the<br><b>Form 900</b><br><i>Filed with Georgia<br/>Income Tax Division</i> | Street or P.O. Box  |                       |
|  | CITY                                  STATE      ZIP CODE |                       |

**Operating as:** { } Bank      { } Savings and Loan      { } Banking Corporation      { } Bank Holding Company

**DECLARATION:** I / WE declare under the penalties of perjury that I / WE have examined this return (including accompanying schedules and statements) and to the best of our knowledge and belief it is true, correct, and complete. If prepared by a person other than taxpayer, his declaration is based on all information of which he has any knowledge.

\_\_\_\_\_  
(Signature of Officer)

\_\_\_\_\_  
(Signature of Individual or Firm preparing the return)

\_\_\_\_\_  
(Title)                                  (Date)

\_\_\_\_\_  
(Identification or Social Security Number)

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This return is made in accordance with O.C.G.A. 48-6-93, which authorizes municipalities and counties to levy and collect a local business license tax based upon the gross receipts, as defined, of financial institutions. The interim special tax limitation for savings and loan associations expired December 31, 1986.

**IMPORTANT:**

A COPY OF THIS RETURN MUST BE FILED IN EACH COUNTY AND/OR MUNICIPALITY WHERE BUSINESS IS LOCATED.

***DIRECT ALL INQUIRIES TO THE CITY AND/OR COUNTY OFFICIALS  
THAT HANDLE THE BUSINESS LICENSE TAXATION IN YOUR JURISDICTION***

**COMPUTATION OF ADJUSTED GROSS RECEIPTS ALLOCATION FOR BUSINESS LICENSE TAXES**

| SCHEDULE 1 – INSTITUTIONS HAVING <b>MORE THAN 5</b> FULL SERVICE OFFICES |  |   |  |                                      |   |  |  |                    |     |         |
|--|--|---|--|--------------------------------------|---|--|--|--------------------|-----|---------|
| A  |  |   |  |                                      | B   |  |  |                    |     |         |
| Adjusted Gross Receipts From Form 900, Line 8, Schedule 1 \$ _____       |  |   |  |                                      | Number of Full Service Offices <b>Excluding Main Office</b> _____ |  |  |                    |     |         |
| C  | (Col. 1)<br>Name of Municipality or County | (Col. 2)<br>No. Of Offices <b>Excluding</b> Main Office | (Col. 3)<br>No. In Col. (2) divided by Line B Schedule 1 | (Col. 4)<br>No. In Col. (3) times .8 | (Col. 5)<br>Main Office Allocation                                | (Col. 6)<br>Column (4) plus Column (5) | (Col. 7)<br>Column (6) times Line A Schedule 1 | CALCULATE IF KNOWN |     |         |
|  |  |   |  |                                      |   |  |  | Rate               | Tax | Minimum |
|  | Parent County                              |   |  |                                      | 20%   |  |  |                    |     |         |
|  | Parent Municipality                        |   |  |                                      | 20%   |  |  |                    |     |         |
|  |  |   |  |                                      |   |  |  |                    |     |         |
|  |  |   |  |                                      |   |  |  |                    |     |         |
|  |  |   |  |                                      |   |  |  |                    |     |         |
|  |  |   |  |                                      |   |  |  |                    |     |         |
|  |  |   |  |                                      |   |  |  |                    |     |         |
|  |  |   |  |                                      |   |  |  |                    |     |         |
|  |  |   |  |                                      |   |  |  |                    |     |         |
|  |  |   |  |                                      |   |  |  |                    |     |         |
|  |  |   |  |                                      |   |  |  |                    |     |         |
| TOTAL  |  |   |  |                                      |   |  |  |                    |     |         |

| SCHEDULE 2 – INSTITUTIONS HAVING <b>FEWER THAN 5</b> FULL SERVICE OFFICES <b>IN ADDITION</b> TO THE PRINCIPAL GEORGIA OFFICE |  |   |  |          |   |          |  |                    |     |         |
|--|--|---|--|----------|---|----------|--|--------------------|-----|---------|
| A  |  |   |  |          | B   |          |  |                    |     |         |
| Adjusted Gross Receipts From Form 900, Line 8, Schedule 1 \$ _____   |  |   |  |          | Number of Full Service Offices <b>Including Main Office</b> _____ |          |  |                    |     |         |
| C  | (Col. 1)<br>Name of Municipality or County | (Col. 2)<br>No. Of Offices <b>Including</b> Main Office | (Col. 3)<br>No. In Col. (2) divided by Line B Schedule 2 | (Col. 4) | (Col. 5)  | (Col. 6) | (Col. 7)<br>Column (3) times Line A Schedule 2 | CALCULATE IF KNOWN |     |         |
|  |  |   |  |          |   |          |  | Rate               | Tax | Minimum |
|  |  |   |  |          |   |          |  |                    |     |         |
|  |  |   |  |          |   |          |  |                    |     |         |
|  |  |   |  |          |   |          |  |                    |     |         |
|  |  |   |  |          |   |          |  |                    |     |         |
|  |  |   |  |          |   |          |  |                    |     |         |
|  |  |   |  |          |   |          |  |                    |     |         |
|  |  |   |  |          |   |          |  |                    |     |         |
|  |  |   |  |          |   |          |  |                    |     |         |
| TOTAL  |  |   |  |          |   |          |  |                    |     |         |

ATTACH CONTINUATION SHEETS FOR LINES AS NEEDED (Complete heading on reverse side)

## BUSINESS LICENSE TAX GENERAL INSTRUCTIONS - FORM PT-440

### FILING REQUIREMENTS

All financial institutions located in the State of Georgia are required to file a Form PT-440 in all jurisdictions that impose the business license tax if that institution has a full service office located within that jurisdiction. The filing deadline is March 1<sup>st</sup> of each year. Returns should be mailed to the local (city and/or county) official(s) responsible for receiving and processing those returns.

### TAX RATE(S)

The law provides that each jurisdiction may impose a rate of not more than 0.25 percent of Georgia gross receipts as defined in O.C.G.A. 48-6-95 of this code section. Each jurisdiction may impose a minimum tax, which may not exceed \$1000.00.

### ALLOCATION OF GROSS RECEIPTS

The tax is based upon the gross receipts of the financial institution or a portion of the gross receipts if the institution has more than one full service office. The law provides for the allocation of gross receipts among branches and the parent bank, depending on whether the institution has fewer than five branches in addition to the principal Georgia office OR more than five branches.

(1) Where there are fewer than five (5) branches or bank office, in addition to the principal Georgia office, the total gross receipts are allocated in equal shares to each location.  
(refer Schedule 2)

(2) Where there are more than five (5) branches or bank offices, the total gross receipts allocated to each location shall be computed by first allocating 20% of the total to the parent bank and then allocating the remaining 80% in equal shares to the branches and bank offices.  
(refer Schedule 1)

### RELATION TO STATE OCCUPATION TAX RETURN FORM 900

The Form PT-440 is used in conjunction with the State Occupation Tax Return - FORM 900.

The amount of adjusted gross receipts shown on Line 7, Schedule 1, Form 900 should be entered on Line A, Schedule 1 of Form PT-440 OR Line A, Schedule 2 of Form PT-440, depending upon the number of branches the institution has. Copies of the Form PT-440 must be attached to the State Occupation Tax Return - Form 900.

### COMPUTATION OF THE BUSINESS LICENSE TAX FORM PT-440 ---SCHEDULE 1 (for institutions having more than 5 full service offices)

On Line A, enter the adjusted gross receipts as reported on Form 900, Line 7, Schedule 1.

On Line B, enter the total number of full service offices of the institution. **DO NOT INCLUDE THE PARENT BRANCH OR OFFICE.**

On Line C, in Column 1, list all county and municipal locations for the institution.

On Line C, in column 2, enter the number of full service offices (excluding the main office or branch) for each county and each municipality listed separately in column 1.

On Line C, in column 3, enter the three decimal ratio you generate, when you divide the figures in column 2 by the figure appearing on Line B.

On Line C, in column 4, enter 80% of the three decimal ratio you entered in column 3.

On Line C, in column 5, you should NOT make any entry. That column is designed to tax the 20% of gross receipts allocated to the parent or main office.

On Line C, in column 6, enter the allocation or distribution ratio you generate when you add the ratio appearing in column 4 to the ratio appearing in column 5.

On Line C, in column 7, enter the taxable gross receipts for each county and each municipality. To obtain those amounts, multiply the ratio in column 6 times the figure appearing on Line A.

### COMPUTATION OF THE BUSINESS LICENSE TAX FORM PT-440---SCHEDULE 2 (for institutions having 5 or fewer full service offices-in addition to the principal Georgia office)

On Line A, enter the adjusted gross receipts as reported on Form 900, Line 7, Schedule 1.

On Line B, enter the total number of full service offices of the institution. **BE SURE TO INCLUDE THE PARENT BRANCH OR OFFICE.**

On Line C, in column 1, list all county and municipal locations for the banking corporation.

On Line C, in column 2, list the number of full service offices for each county and each municipality listed in column 1. Include the main office or branch.

On Line C, in column 3, enter the three decimal ratio you generate, when you divide the figures in column 2 by the figure appearing on Line B.

On Line C, in columns 4, 5 and 6, you should NOT make any entry.

On Line C, in column 7, enter the taxable gross receipts for each county and each municipality. To obtain those amounts, multiply the ratio in column 3 times the figure appearing on Line A.

**Definition of an "office"---**means a place of business of a depository financial institution, which accepts deposits. Does not include unmanned ATM's, point-of-sale terminals, or any unmanned electronic facility at which deposits may be accepted.  
48-6-93 (d) (2)