



CITY OF ELBERTON
PROFESSIONAL OCCUPATIONAL TAX & REGISTRATION

*Return completed form with payment by mail to City Clerk, PO Box 70, Elberton, Georgia or
in person at City Hall located at 203 Elbert Street, Elberton, Georgia 30635.*

The Code of Ordinances requires each practitioner of a profession within the corporate limits of the City of Elberton to pay an annual occupation tax and register with the City unless otherwise excluded specifically by State Law. Registration and payment is due by March 31.

Businesses with more than one professional may submit one form provided each person's registration information is listed on the back of the form.

Business Name:

Location of Business:

Mailing Address of Business (if different):

Name of principal owner or officer:

Contact Person (if different):

Phone number:

Email Address:

Number of persons employed by business:

IMPORTANT: Federal Work Authorization User Identification Number (E-Verify Number): If your business employs more than 10 employees you are required to register and utilize the federal work authorization program as provided in O.C.G.A. 13-10-90.

Federal Work Auth. User Id No.:

Authorization Date:

Business Description:

PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM

PROFESSIONAL OCCUPATIONAL TAX & REGISTRATION CALCULATION

<u>Number of Professionals</u>	<u>Fee per Professional</u>	<u>Total Amount Due</u>
_____	x \$100.00 =	_____

<u>Name of Professional</u>	<u>Mailing address if different from business</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I certify that the information given on this return is true and correct, to the best of my knowledge, and records shall be available for inspection as required in Section 10-53 of the Occupational Tax Ordinance of the City of Elberton, Georgia.

Signature	Title	Date
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The following is a list of the professionals who may elect to pay for a professional license in lieu of an occupational tax based on the gross receipts of the business or practitioner. If you would rather complete the occupational tax license, please contact the City Clerk to receive this form.

Lawyers, Physicians, Osteopaths, Chiropractors, Podiatrists, Dentists, Optometrists, Psychologists, Veterinarians, Landscape architects, Land surveyors, Practitioners of physiotherapy, Public accountants, Embalmers, Funeral directors, Civil, mechanical, hydraulic, or electrical engineers, Architects, and Marriage and family therapists, social workers, and professional counselors.

**E-VERIFY AFFIDAVIT
Pursuant to O.C.G.A. 36-60-6(d)**

***To be completed by all owners of business.**

By executing this affidavit under oath, the undersigned private employer verifies one of the following with respect to its application for license, permit, or other document required to operate a business in O.C.G.A. 36-60-6(d):

Check one:

a. On January 1, of previous year, the individual, firm, or corporation employed more than ten (10) employees

b. On January 1, of previous year, the individual, firm, or corporation employed ten (10) or fewer employees.

The employer has registered with and utilizes the federal work authorization program in accordance with the application provisions and deadlines established in O.C.G.A. 36-60-6. The undersigned private employer also attests that its federal work authorization user identification number and date of authorization is as follows:

Name of Private Employer

Federal Work Authorization User Id No

Date of Authorization

I hereby declare under penalty of perjury that the foregoing is true and correct.

Signature of Authorized Officer or Agent

Print Name of and Title of Authorized Officer, or Agent

(SEAL)

SWORN TO AND SUBSCRIBED BEFORE ME THIS
_____ DAY OF _____, _____.

NOTARY PUBLIC

To register for the E-Verify Program, go to the U.S. Citizenship and Immigration Services website (www.uscis.gov).

