



**COLUMBUS CONSOLIDATED GOVERNMENT
FINANCE DEPARTMENT**

REVENUE DIVISION-OCCUPATION TAX SECTION
PHONE: (706) 653-4100 / FAX: (706) 653-4091

OCCUPATION TAX RETURN FOR YEAR 2007 ESTIMATE FOR YEAR 2008

ACCOUNT NUMBER	DOMINANT NAICS	SOCIAL SECURITY OR FEI NUMBER	MINORITY BUSINESS?	
			YES	NO

MAILING ADDRESS	BUSINESS TRADE NAME
	BUSINESS LOCATION: STREET ADDRESS
	CITY, STATE, ZIP CODE
	IMPORTANT INFORMATION
	DELINQUENT AFTER APRIL 1, 2008 <i>(PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS RETURN)</i>

FOR THE ABOVE MENTIONED ACCOUNT, PLEASE: <input type="checkbox"/> RENEW ACCOUNT FOR 2008 YEAR <input type="checkbox"/> CLOSE ACCOUNT (DATE BUSINESS CLOSED: _____)	IT MAY TAKE UP TO 8 WEEKS TO PROCESS THE RENEWAL OF YOUR BUSINESS LICENSE. ANY INCOMPLETE PAPERWORK CAN RESULT IN DELAYED PROCESSING.
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	COLUMN A ACTUAL 2007	COLUMN B ESTIMATED 2008	
1. TOTAL GROSS RECEIPTS	<input type="text"/>	<input type="text"/>	
2. TOTAL EXEMPTIONS (See Form 2 on the reverse side of this form)	<input type="text"/>	<input type="text"/>	
3. TAXABLE GROSS RECEIPTS (Line 1 - Line 2)=	<input type="text"/>	<input type="text"/>	
4. OCCUPATION TAX RATE	<input type="text"/>	<input type="text"/>	
5. COMPUTED TAX (Line 3 x Line 4)=	<input type="text"/>	<input type="text"/>	
6. PROFESSIONAL OPTION: Number of Practitioners:	<input type="text"/>	<input type="text"/>	
7. PROFESSIONAL OPTION: Line 7 x \$400	<input type="text"/>	<input type="text"/>	
8. TAX PAYMENT OPTION FOR 2008 (Applies to Column B Only - please select one option):			
A. <input type="checkbox"/> 2% Discount if paid in full on or before April 1, 2008 (Gross Receipts: Line 5 X 0.98)		<input type="text"/>	
B. <input type="checkbox"/> 2% Discount if paid in full on or before April 1, 2008 (Professional Option: Line 7 X 0.98)		<input type="text"/>	
C. <input type="checkbox"/> Quarter payment: (Gross Receipts: Multiply the amount on Line 5 by 0.25)		<input type="text"/>	
D. <input type="checkbox"/> Quarter payment: (Professional option: Multiply the amount on Line 7 by 0.25)		<input type="text"/>	
E. <input type="checkbox"/> Paid in full if paid after April 1, 2008 (Gross Receipts: Enter amount from Line 5)		<input type="text"/>	
F. <input type="checkbox"/> Paid in full if paid after April 1, 2008 (Professional Option: Enter amount from Line 7)		<input type="text"/>	
9. COLUMN A - TAX PREPAYMENTS/CREDITS FOR 2007	<input type="text"/>		
10. TOTAL COMPUTED TAX (Column A: Line 5 less Line 9; Professional Option (if applicable) - Line 7 less Line 9) (Column B: Gross Receipts/Professional Option enter results from Line 8)	<input type="text"/>	<input type="text"/>	
11. ADMINISTRATIVE FEE (Does not apply to the professional option)	\$50.00	\$50.00	
12. SUBTOTAL (Line 10 plus Line 11; if professional option applies, enter results from Line 10)	<input type="text"/>	<input type="text"/>	
13. PENALTIES AND INTEREST	<input type="text"/>	<input type="text"/>	
14. AMOUNT DUE (Line 12 + Line 13)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Column A	+ Column B	= Column C

PREPARED BY:		
PRINT NAME	TITLE	DATE PREPARED
I certify that the information contained in this Occupation Tax Return is true and accurate.		
PRINT NAME	TITLE	TELEPHONE NUMBER
SIGNATURE	DATE	

X

(OVER)

EXEMPTION WORKSHEET

A. SUBCONTRACTORS / INDEPENDENT AGENTS:

Subcontractor / Independent Agent	Trade Name	Business License Account Number	Location If Other Than Columbus	Amount Paid	Total Amount Exempt
<i>Use separate sheet for additional subcontractors and independent agents; show total here.</i>				Total Paid:	

B. INTER-ORGANIZATION TRANSFERS:

Business Trade Name / Relationship / Location	Business License Account Number	Purpose of Transfer	Amount Transferred	Total Amount Exempt
<i>Use separate sheet for additional inter-organization transfers, show total here.</i>			Total:	

C. SALES RETURNS, DISCOUNTS, AND ALLOWANCES

D. EXCISE TAXES PAID ON PRODUCTS OR SERVICES SOLD

E. SALES AND USE TAX REMITTED TO STATE

F. EXEMPTED RECEIPTS UNDER CITY, STATE, OR FEDERAL LAW

G. NON-PROFIT RECEIPTS

H. SALES TO CUSTOMERS OUTSIDE THE STATE

TOTAL EXEMPTIONS

(Enter this total on Form 1, Line 2 on the reverse side of this form.)

PLEASE SUBMIT THE SIGNED AND COMPLETED OCCUPATION TAX RETURN; THE SIGNED AND COMPLETED REQUEST/RENEWAL FORM FOR BUSINESS LICENSE; AND REMITTANCE FOR TAXES DUE TO:

MAILING ADDRESS: FINANCE DEPARTMENT
 REVENUE DIVISION - OCCUPATION TAX SECTION
 P. O. BOX 911
 COLUMBUS, GA 31902-0911

PHYSICAL LOCATION: FINANCE DEPARTMENT-REVENUE DIVISION
 OCCUPATION TAX SECTION
 100 TENTH STREET
 WEST WING, GROUND FLOOR
 COLUMBUS, GA 31901

Please make your checks payable to "Columbus Consolidated Government"