



COLUMBUS CONSOLIDATED GOVERNMENT
FINANCE DEPARTMENT

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

OCCUPATION TAX RETURN FOR YEAR 2008 ESTIMATE FOR YEAR 2009

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, 2009 <i>(PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS RETURN)</i>		

FOR THE ABOVE MENTIONED ACCOUNT, PLEASE:

RENEW ACCOUNT FOR 2009 YEAR

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.

	COLUMN A ACTUAL 2008	COLUMN B ESTIMATED 2009	
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. ADMINISTRATIVE FEE	\$50.00		
7. TOTAL COMPUTED TAX (Column A, Line 5 plus Line 6); (Column B, enter results from Line 5)	<input type="text"/>	<input type="text"/>	
8. PROFESSIONAL OPTION: Number of Practitioners: _____ X \$400 =	<input type="text"/>	<input type="text"/>	
9. TAX PAYMENT OPTION FOR 2009 (Applies to Column B Only):			
A. <input type="checkbox"/> 2% Discount if paid in full on or before April 1, 2009 (Gross Receipts: Line 7 X 0.98)		<input type="text"/>	
B. <input type="checkbox"/> 2% Discount if paid in full on or before April 1, 2009 (Professional Option: Line 8 X 0.98)		<input type="text"/>	
C. <input type="checkbox"/> Quarter payment: (Gross Receipts: Multiply the amount on Line 7 by 0.25)		<input type="text"/>	
D. <input type="checkbox"/> Quarter payment: (Professional option: Multiply the amount on Line 8 by 0.25)		<input type="text"/>	
E. <input type="checkbox"/> Paid in full if paid after April 1, 2009 (Gross Receipts: Enter amount from Line 7)		<input type="text"/>	
F. <input type="checkbox"/> Paid in full if paid after April 1, 2009 (Professional Option: Enter amount from Line 8)		<input type="text"/>	
10. COLUMN A - TAX PREPAYMENTS/CREDITS FOR 2008	<input type="text"/>		
11. ADMINISTRATIVE FEE (Does not apply to the professional option - please see instructions)		\$50.00	
12. SUBTOTAL (From Column A, Line 7 or Line 8 less Line 10); (From Column B, Line 9 plus Line 11)	<input type="text"/>	<input type="text"/>	
13. PENALTIES AND INTEREST	<input type="text"/>	<input type="text"/>	
14. BALANCE DUE (Line 12 + Line 13)	<input type="text"/>	<input type="text"/>	
	Column A	+ Column B	= Column C

PREPARED BY:

PRINT NAME	TITLE	DATE PREPARED
<input type="text"/>	<input type="text"/>	<input type="text"/>

I certify that the information contained in this Occupation Tax Return is true and accurate.

PRINT NAME	TITLE	TELEPHONE NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>
SIGNATURE	DATE	
<input type="text"/>	<input type="text"/>	

EXEMPTION WORKSHEET

Form 2

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 subcontractors and independent agents; show total here.</i>			Total Paid:	

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"