



**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**

<b>ACCOUNT NUMBER</b>	<b>DOMINANT NAICS</b>	<b>SOCIAL SECURITY OR FEI NUMBER</b>	<b>MINORITY BUSINESS?</b>
			YES      NO
<b>MAILING ADDRESS</b>		<b>BUSINESS TRADE NAME</b>	
		<b>BUSINESS LOCATION: STREET ADDRESS</b>	
		<b>CITY, STATE, ZIP CODE</b>	
		<b>IMPORTANT INFORMATION</b>	
		<b>DELINQUENT AFTER APRIL 1, 2009</b> <i>(PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS RETURN)</i>	

<b>FOR THE ABOVE MENTIONED ACCOUNT, PLEASE:</b>	<b>IT MAY TAKE UP TO 8 WEEKS TO PROCESS THE RENEWAL OF YOUR BUSINESS LICENSE.</b> <b>ANY INCOMPLETE PAPERWORK CAN RESULT IN DELAYED PROCESSING.</b>
<input type="checkbox"/> <b>RENEW ACCOUNT FOR 2009 YEAR</b> <input type="checkbox"/> <b>CLOSE ACCOUNT (DATE BUSINESS CLOSED: _____)</b>	

	COLUMN A ACTUAL 2008	COLUMN B ESTIMATED 2009	
1. TOTAL GROSS RECEIPTS	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	
2. TOTAL EXEMPTIONS (See Form 2 on the reverse side of this form)	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	
3. TAXABLE GROSS RECEIPTS (Line 1 - Line 2)=	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	
4. OCCUPATION TAX RATE	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	
5. COMPUTED TAX (Line 3 x Line 4)=	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	
6. ADMINISTRATIVE FEE	<b>\$50.00</b>		
7. TOTAL COMPUTED TAX (Column A, Line 5 plus Line 6); (Column B, enter results from Line 5)	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	
8. PROFESSIONAL OPTION: Number of Practitioners: _____ X \$400 =	<input style="width:100%;" type="text"/>	<input style="width:100%;" 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 style="width:100%;" 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 style="width:100%;" type="text"/>	
C. <input type="checkbox"/> Quarter payment: (Gross Receipts: Multiply the amount on Line 7 by 0.25)		<input style="width:100%;" type="text"/>	
D. <input type="checkbox"/> Quarter payment: (Professional option: Multiply the amount on Line 8 by 0.25)		<input style="width:100%;" type="text"/>	
E. <input type="checkbox"/> Paid in full if paid after April 1, 2009 (Gross Receipts: Enter amount from Line 7)		<input style="width:100%;" type="text"/>	
F. <input type="checkbox"/> Paid in full if paid after April 1, 2009 (Professional Option: Enter amount from Line 8)		<input style="width:100%;" type="text"/>	
10. COLUMN A - TAX PREPAYMENTS/CREDITS FOR 2008	<input style="width:100%;" type="text"/>		
11. ADMINISTRATIVE FEE (Does not apply to the professional option - please see instructions)		<b>\$50.00</b>	
12. SUBTOTAL (From Column A, Line 7 or Line 8 less Line 10); (From Column B, Line 9 plus Line 11)	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	
13. PENALTIES AND INTEREST	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	
14. BALANCE DUE (Line 12 + Line 13)	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
	Column A	+      Column B	=      Column C

<b>PREPARED BY:</b>		
<b>PRINT NAME</b>	<b>TITLE</b>	<b>DATE PREPARED</b>
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>

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

<b>PRINT NAME</b>	<b>TITLE</b>	<b>TELEPHONE NUMBER</b>
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
<b>SIGNATURE</b>	<b>DATE</b>	
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	

# 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>				<b>Total Paid:</b>	

## 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>			<b>Total Paid:</b>	

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"*