

OCCUPATIONAL TAX CERTIFICATE APPLICATION



APPLICATION TYPE:

NEW BUSINESS (date) _____
 RENEWAL (date) _____
 CLOSED (date) _____
 AMENDED (specify change) _____

BUSINESS TYPE:

SOLE OWNERSHIP
 CORPORATION
 PARTNERSHIP
 HOME OCCUPATION
 OTHER (specify) _____

BUSINESS INFORMATION:

BUSINESS NAME: _____ **DBA:** _____
MAILING ADDRESS: (check box if changed) _____

STREET ADDRESS: (If different from above) _____

PRIMARY PHONE #: _____ **SECONDARY PHONE #:** _____
FEDERAL ID #: _____ **EMAIL:** _____
SALES & USE TAX #: _____

OWNERS/PARTNERS/OFFICERS: (use additional sheets if necessary)

NAME: _____
HOME ADDRESS: _____
PHONE #: _____ **SECONDARY PHONE #:** _____
DRIVER'S LIC #/ STATE: _____

PRINCIPLE LINE OF BUSINESS: (specify nature of business) _____

TAX CALCULATION:

Use to the table to the right to calculate your occupational tax. Licensed professionals may choose to pay tax based on employees or flat rate fee of \$400.00 per practitioner.

OF FULL-TIME EMPLOYEES = _____ (2 part-time =1 full-time)
 OR
 # OF LICENSED PROFESSIONALS _____
 _____ X \$400.00 **TAX DUE = \$** _____

EMPLOYEES INCL. OWNER	TAX
1	\$50.00
2	\$55.00
3	\$75.00
4	\$95.00
5	\$115.00
6	\$135.00
7	\$155.00
8	\$175.00
9	\$195.00
10	\$215.00
11+	Call for rate

I, _____ of the business firm named, do hereby register and apply for an occupational tax certificate, and furthermore, do hereby certify that the information provided is true, correct, and complete.

Applicant's Signature : _____ Date: ____/____/____