



CHATHAM COUNTY

1117 Eisenhower Dr.
P.O. Box 8161
Savannah, Ga 31412
(912) 201-4300



BUSINESS TAX RETURN

LOCATION:
Name of Business:
Address of Business:

Calendar Year:
License No:
Tax Class:

Please print clearly. Please fill in all applicable information requested below and make any necessary corrections. This business tax return must be filed and tax paid by March 1 to avoid penalty. Instructions for completing this form are on the reverse side. (Practitioners of Professions - See Line 15.)

THIS RETURN IS FOR: (Check One)
No Change
1. DATE
2. BUSINESS NAME (As Advertised)
3. BUSINESS LOCATION (Street Address) ZIP
4. P.I.N. NO. OF BUSINESS LOCATION
5. MAILING ADDRESS
6. BUSINESS PHONE CELL PHONE FAX
7. Email Address:

TYPE OF BUSINESS

8. DOMINANT BUSINESS ACTIVITY:
9. SECONDARY BUSINESS ACTIVITIES:
BUSINESS IS:
10. CORPORATE NAME AND ADDRESS OF HOME OFFICE
11. OWNER'S NAME
12. DATE OF BIRTH DRIVERS LICENSE # STATE
13. SOCIAL SECURITY # OR FED I.D. #
14. E-VERIFY # OR EXEMPT
15. IS BUSINESS CONDUCTED AT ANY LOCATION OTHER THAN THE ONE SHOWN ON LINE 3? YES NO

16. Certain PRACTITIONERS OF THE PROFESSIONS may elect to pay \$400 per practitioner in lieu of reporting and paying a tax on profitability ratio. Check the list of professions on the back of this form to determine eligibility for this option. If you are eligible, and if you and all members of your firm elect to pay the flat per-PRACTITIONER tax this year. check below and submit your payment of \$400 with this return. See instructions on back.

I ELECT TO PAY A \$400.00 FLAT TAX IN LIEU OF REPORTING PROFITABILITY RATION BRACKET AND PAYING A TAX BASED ON THE PROFITABILITY RATIO.

17. ENTER GROSS RECEIPTS BRACKET REPRESENTING GROSS INCOME DURING THE PRECEDING CALENDAR YEAR. (SEE INSTRUCTIONS ON BACK.)
18. BUSINESS TAX FROM SCHEDULE \$
ADD REGULATORY FEE
ADD THE GREATER OF \$25.00 OR 10% IF RENEWED AFTER DUE DATE
TOTAL AMOUNT DUE
Pay this amount with your tax return

19. DESCRIBE HOW YOU DETERMINED THE GROSS RECEIPTS BRACKET ENTERED IN LINE 16. SHOW THE AMOUNT OF ANY EXCLUSIONS YOU TOOK PURSUANT TO EXCLUSIONS (C), (D), (E), AND (F), OF THE ITEM #16 ON THE BACK OF THIS FORM, AND EXPLAIN THE BASIS FOR THE EXCLUSION. ATTACH ADDITIONAL SHEET IF NECESSARY.

20. I, THE UNDERSIGNED APPLICATION, HEREBY REGISTER SAID BUSINESS TO OPERATE WITHIN THE UNINCORPORATED LIMITS OF CHATHAM COUNTY, AND CERTIFY THAT I AM THE PERSON AUTHORIZED BY THE BUSINESS HEREIN NAMES TO FILE THIS RETURN, INCLUDING ANY ACCOMPANYING DOCUMENTS. I FURTHER CERTIFY THAT ALL STATEMENTS AND OTHER INFORMATION PROVIDED ON AND WITH THIS RETURN ARE TRUE, CORRECT, AND COMPLETE.

SIGNATURE: TITLE: