



Henry County Tax Commissioner
140 Henry Parkway
McDonough, GA 30253
770.288.8180 Option 5
www.HenryCountyTax.com

Occupational Tax Application

Account #: _____

Applicant Information

Name of Business: _____ DBA: _____

Name of Applicant: _____ Additional Applicant: _____

Business Address: _____
City State ZIP

Mailing Address: _____
City State ZIP

Parcel ID: _____ Business Phone #: _____ Cell Phone #: _____

Email Address: _____

Business Information

Business Location: Home-Based Commercial Number of Employees: _____

If home-based will the business be open to the public? Yes No

Application is for: New Business, New Construction New Business, No Construction

Ownership Type: Sole Proprietor LLC INC Partnership

Type of Service Being Provided (Please include a thorough description of what your business does during day-to-day operations):

Occupational and Personal Property Tax Acknowledgement

Please read carefully and initial below:

_____ - I understand that applications are only valid for 60 days from the submittal date. If application has not received final approval from all departments within 60 days, a new application must be submitted.

_____ - I understand that fees are assessed at the time of submission for the current year and that all certificates expire on December 31st every year.

_____ - I am aware it is my responsibility to file a Personal Property Tax Return with the Tax Assessor's office each year. Failure to file a return could result in a mandatory assessment. Any questions regarding this filing process can be addressed with the Tax Assessor's at (770)288-7999.

By signing below, I hereby acknowledge that I may be required to resubmit a current application at any time at the discretion of the Henry County Occupational Tax Department.

Signature: _____

Date: _____

Commercial Application – Building and Fire

Square Footage of Building: _____

Please Provide an Extensive Model for the Proposed Business: _____

Hours of Operation: _____

Will your business differ from the previous tenant? Yes No

Do you plan on performing any construction work at the business address? Yes No

Please provide a brief description of planned or ongoing work: _____

Have permits been applied for? Yes No N/A

If yes, please provide SagesGov case number: _____

If permit(s) have been issued, provide permit numbers: _____

I understand that it is recommended, but not required to request a due diligence meeting with Planning and Zoning, Fire, and Building Department to discuss both the contents of this application as well as the proposed business:

Yes No

Signature: _____

Date: _____

LEGAL STATUS AFFIDAVIT

Please read carefully, both sections must be completed, or application will be rejected

If you are a United States citizen 18 years of age or older please check below.

1. If you are a qualified alien or nonimmigrant under the Federal Immigration and Nationality Act 18 years of age or older and lawfully present in the United State, please attach a copy of your Alien Registration Card and please check #2 below.

Pursuant of Official Code of Ga Annotated (OCGA) sec 50-36-1, verification of legal status is required for the administration of various public services/public benefits as defined in the Ga Security an Immigration Compliance Act (GSICA). Accordingly, applicants for various public benefits must certify of the following.

1. _____ The applicant must execute an affidavit that he or she is a United States Citizen 18 years of age or older.
Or,

2. _____ The applicant must execute an affidavit that he or she is a qualified alien or nonimmigrant under the Federal Immigration and Nationality act 18 years of age or older lawfully present in the United States

I, as applicant for public services/public benefits as defined in the Ga Security and Immigration Compliance Act (GSICA) certify my legal status to be in the United States of America as marked above, I understand that there may be state and or federal penalties for providing false information on the affidavit required under the GA Security and Immigration Compliance Act.

Alien Registration Number of Non-Citizens: _____

PRIVATE EMPLOYER AFFIDAVIT Pursuant to O.C.G.A. § 36-60-6(d)

By executing this affidavit under oath, as an applicant for an Occupational Tax Certificate as referenced in O.C.G.A.§ 36-60-6(d), from Henry County, Ga., the undersigned applicant representing the private employer known as _____,

verifies one of the following with respect to my application for the above-mentioned document:

1. Fill out this section if the current date is after July 1, 2013. **Owner is considered an employee******

(a) _____ On January 1st of the below signed year the individual, firm, or corporation employed more than ten (10) employees. E-Verify# _____

(b) _____ On January 1st of the below signed year the individual, firm, or corporation employed less than ten (10) employees. ****Owner is considered an employee****

*** If the employer selected 1(a) please fill out Section 2 below. ***

2. The employer has registered with and utilizes the federal work authorization program in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are as listed below:

Federal Work Authorization User Identification Number

Date of Authorization

In making the above representations under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties allowed by such statute. The granting of this business license or payment of the occupational tax does not waive the right of any federal, state, or local entity to regulate & enforce all laws, ordinances & regulations. I understand it is my company's responsibility to notify the occupational tax department of any changes or closure involved with this business.

Executed on the ___ date of _____, 202___ in _____ (city), _____ (state)

Signature of Applicant

NOTARY PUBLIC

MY COMMISSION EXPIRES

Printed Name of Applicant

Gross Receipts Page for Occupational Tax Calendar Year

DATE: _____ ACCOUNT# _____

BUSINESS/CORP NAME: _____

BUSINESS ADDRESS: _____

For this office to calculate the Occupational Tax for business owners in Henry County, the following information is needed. If you have any questions regarding the information requested, please contact our office at (770) 288-8180 opt 5.

IF THE COMPANY WAS IN BUSINESS THIS WILL BE THE GROSS RECEIPTS FROM OCTOBER 1ST OF LAST YEAR TO SEPTEMBER 30TH OF THE CURRENT YEAR.

IF YOU WERE NOT IN BUSINESS DURING THE TIME INDICATED, PLEASE ESTIMATE YOUR ANTICIPATED AMOUNT FOR THE NEXT 12 MONTHS BASED ON YOUR BUSINESS PLAN.

GROSS RECEIPTS: \$ _____

Title (Relation to Company): _____

Signature: _____

Date: _____

GEORGIA LAW REQUIRES THAT WE KEEP GROSS RECEIPT INFORMATION CONFIDENTIAL

Personal Property Tax Guide – Please Keep for Your Records

Did you know...

- All business located in Georgia as of January 1st of any given year are subject to personal property ad valorem taxation.
- **All businesses are required by law to file the Business Personal Property Tax Return (PT-50P) to the Tax Assessor's Office by April 1st of each year.**
- Personal property includes machinery, equipment, furniture, fixtures, inventory, supplies, and construction in progress.
- The most recent inventory schedule and asset list indicating the date of acquisition, original cost, and description of each asset should be submitted with the Business Personal Property Tax Return by **April 1st**.
- Returns may be submitted by mail or in person to the Tax Assessors office. If mailing, metered mail will not be accepted as proof of timely filing.
- If the business moves, is sold, or closes the business owner must notify both the Occupational Tax Office (Tax Commissioner) **AND ALSO** the Personal Property Tax Office (Tax Assessor) by completing the annual Business Personal property Tax Return.
- Non-profit businesses must apply for exempt status.
- Late filings will incur a penalty for all new assets or inventory.

Business Personal Property Tax

BUSINESS PERSONAL PROPERTY TAX RETURN		TAXPAYER	IF ASSISTANCE NEEDED CALL	ACCOUNT NUMBER
THIS RETURN IS FOR THE PERSON OR PERSONS WHO OWN AND OPERATE THE BUSINESS AND WILL BE SUBJECT TO AD VALOREM TAXATION		TAXPAYER'S NAME	800-455-3839	
COUNTY NAME AND RETURN ADDRESS		TAXPAYER NAME AND ADDRESS		
BUSINESS PHYSICAL LOCATION				
IF MAILING ADDRESS OR NAME IS INCORRECT PLEASE CORRECT IN THE SPACE PROVIDED BELOW				
NAME				
ADDRESS				
CITY, STATE, ZIP				
The values from Schedules A, B, and C should be listed below. If these values, in your opinion, do not reflect the market value then prepare your schedule of value under the column headed "Taxpayer's Reported Value."				
1.	PERSONAL PROPERTY STRATA	TAXPAYER REPORTED VALUE AS OF JAN 1	INCREASED VALUE FROM SCHEDULES A, B, & C	FOR SET OFFER/SEE
1. Furniture/Fixtures/Machinery/Equipment – Includes all fixtures, furniture, office equipment, computer hardware, production machinery of retail vehicles, farm equipment and implements, tools and implements of manual laborer trades, household improvements personal property in nature and construction in progress personal property in nature.				
2. Inventory – Includes all raw materials, goods in process, finished goods, wares and agricultural products, all consumable supplies used in the process of manufacturing, assembling, storing or merchandising of goods and services, their finished inventory and spare parts. Does not include Freight Exemption amount granted under O.C.G.A. §§ 48-6-42 and 48-6-43.				
3. Freight Inventory – Includes inventory exemption amount under O.C.G.A. §§ 48-6-42 and 48-6-43.				
4. Other Personal – Includes all personal property not otherwise defined above.				
TOTALS				
It shall be the duty of the county Board of Tax Assessors to investigate and to insure that the property owned in the county for the purpose of determining what property is subject to taxation and to secure the proper return of the property for taxation.				
TAXPAYER'S DECLARATION				
"I do solemnly swear that I have carefully read (or have heard read) and have duly considered the questions propounded in the foregoing tax list, and that the value specified by me on the property returned, as shown by the list, is the true market value thereof and I further swear that I returned, for the purpose of being taxed thereon, every species of property that I own in my own right or have control of either as agent, executor, administrator, or otherwise, and that in making this return, for the purpose of being taxed thereon, I have not attempted either by transferring my property to another or by any other means to evade the laws governing taxation in this state. Do further swear that in making this return I have done so by estimating the true worth and value of every species of property contained therein."				
TAXPAYER OR AGENT X _____				
PLEASE PRINT OR TYPE NAME _____ TAXPAYER				
TITLE _____ DATE _____ PHONE NUMBER _____ PAGE 1				

Business Personal Property Tax Timeline

- **January 1** – Date of Assessment
- **April 1** – Business Personal Property Tax Return
- **May** – Notice of Assessments are mailed from the Tax Assessor's Office (this is not a bill)
- **August/September** – Tax bills are mailed by Tax Commissioner's Office
- **October/ November** – Tax bills are due to the Tax Commissioner's Office by November 16th every year. The Personal Property Tax bill that you could receive is required to be paid before you can renew your business license per ordinance Sec. 2-4-35.

QUESTIONS REGARDING ANY OF THE ABOVE INFORMATION CAN BE ANSWERED THROUGH THE FOLLOWING RESOURCES:

Henry County Tax Assessor Office, Personal Property Department

770-288-7999, option 1

140 Henry Parkway

McDonough, GA 30253

Instructions on how to complete the Business Personal Property Return can be found at:

<https://www.gpublic.net/ga/henry/forms.html>