CITY OF LAFAYETTE, GEORGIA
Occupation Tax Return

Date:_____ Phone:_____

Name of Business: _____

Mailing Address _____

_____

Location of Business if different from above: _____

Date Started:_____

Describe Principal Type of Business Conducted: _____

_____

**Occupation Tax (Business License)**

**A. Based on number of employees (An employee is defined as any individual whose work is performed under the direction and supervision of the employer and whose employer withholds FICA, federal income tax, or state income tax from such individual's compensation or whose employer issues to such individual for purposes of documenting compensation a form I.R.S. W-2 but not a form I.R.S. 1099. The City may request supporting information such as Wage and Tax reports to determine the accuracy of information.)**

**0-1 EMPLOYEES** _____
**2-5 EMPLOYEES** _____
**6-10 EMPLOYEES** _____
**11-50 EMPLOYEES** _____
**51-100 EMPLOYEES** _____
**101-200 EMPLOYEES** _____
**OVER 200 EMPLOYEES** _____

I hereby certify that the information reported herein is true and correct.

_____
(Signature of authorized person reporting)

_____
(Printed name of authorized person)