



APPLICATION FOR BUSINESS TAX  
CALENDAR YEAR \_\_\_\_\_

Return Completed Application to:  
Jonesboro City Hall  
124 North Avenue  
Jonesboro, GA 30236  
Phone: (770) 478 3800  
FAX: (770) 478 3775

In order to insure proper credit to your account, you must return this application. Please verify all information listed, and then complete this application as required.

APPLICATION TYPE:  NEW       RENEWAL      PRINT DATE: \_\_\_\_\_

BUSINESS TYPE: \_\_\_\_\_  
 CORP       INDIVIDUAL       PARTNERSHIP      BUSINESS TAX NUMBER: \_\_\_\_\_

**BUSINESS INFORMATION**

BUSINESS NAME:	
BUSINESS ADDRESS:	
BUSINESS CITY, STATE ZIP:	
TELEPHONE NUMBER:	
NUMBER OF PERSONNEL:	
FEDERAL ID#:	
DESCRIPTION OF BUSINESS:	

CORPORATE OFFICERS:(ATTACH INFORMATION SEPARATELY IF NEEDED)

**BUSINESS TAX CALCULATION**

(A) TOTAL YEARLY GROSS RECEIPTS	\$
(B) DIVIDE LINE (A) BY 1000	=
(C) MULTIPLY (B) BY TAX RATE OF ( ) OR FLAT FEE APPLICABLE TO PROFESSIONALS	=
(D) ADMINISTRATION FEE	+ \$50.00
<b>TOTAL TAX DUE LINE (C) PLUS LINE (D)</b>	\$
TOTAL LICENSE FEE DUE BY	<b>MARCH 31 OF CURRENT YEAR</b>
Penalty if not paid by March 31	\$

(A) How do you determine the amount of gross revenue dollar value inside Georgia entered above?  
 Examination of all the year's invoices       General Estimate based on experience  
 Other Method (Attach explanation)      (FOR NEW BUSINESS ONLY)

(B) Is Business carried on under a trade name other than the one shown above?       Yes       No  
If YES fill in the business name and address below

Name: _____	Address: _____
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(C) Is Business carried on at a location in the city other than the one shown above?       Yes       No  
If YES, list all such locations and the gross receipts at each location

_____	\$
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In accord with the business ordinance, City of Jonesboro, Georgia, I understand, certify that I am the person duly authorized by the business herein named to file this return, including the accompanying schedules and statements and that the same are true, correct and complete.

Signature _____	Title _____	Date _____
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