

**CITY OF WRENS
2016 OCCUPATION TAX RETURN**

DATE: _____

NAME OF BUSINESS: _____

MAILING ADDRESS: _____

LOCATION OF BUSINESS: _____

DESCRIBE PRINCIPLE TYPE OF BUSINESS CONDUCTED: _____

PHONE #: _____ FEDERAL ID #: _____

EMAIL ADDRESS: _____

E-VERIFY # FOR EMPLOYERS WITH 11+ EMPLOYEES: _____

OCCUPATION TAX

An employee is defined as an individual whose work is performed under the direction and supervision of the employer and whose employer withholds FICA, federal income tax and 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. 1099.

EMPLOYEES	TAX LIABILITY
0 to 2	\$90 minimum tax
3 to 10	\$35 per employee
11 to 20	\$32 per employee
21 to 30	\$36 per employee
31 to 40	\$18 per employee
41 to 50	\$9 per employee
Over 50	\$1000

Number of employees: _____

x

Amount per employee: _____

Total Occupation Tax Due: _____

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

Signature of authorized person reporting

Printed name of authorized person reporting

Title of authorized person reporting: _____

PLEASE RETURN COMPLETED FORM WITH CHECK FOR THE CORRECT AMOUNT TO
THE CITY OF WRENS, ATTN: CASSIE BARTLETT, P.O. BOX 125, WRENS, GA 30833, BY JANUARY 30, 2016