



**OCCUPATION TAX CERTIFICATE  
RETURN**  
*Due by November 15th (Renewals)*

City of Eton, Georgia  
City Clerk's Office  
P.O. Box 407  
Eton, GA 30724  
Phone: (706) 695-2652  
Fax: (706) 695-6117  
Email: etoncity@windstream.net

OFFICE USE ONLY:	
Date Received:	_____
Received by:	_____
Occupation Tax Due:	_____

**SECTION I—PLEASE ANSWER QUESTION 1 through 8, if applicable**

(1) Is Business located in the city limits?      \_\_\_yes      \_\_\_no

(2) Is this Return a      \_\_\_New Return      \_\_\_Renewal Return      \_\_\_Change in Existing Account

(3) Does this Business have an Occupational Tax Certificate in another City in GA?      \_\_\_yes      \_\_\_no  
If yes, where? \_\_\_\_\_

(4) The Business Classification is \_\_\_Regular \_\_\_Professional \_\_\_Insurance Co \_\_\_Bank

(5) Is this Business \_\_\_Permanent \_\_\_Seasonal \_\_\_Temporary

(6) Is Business newly constructed?      \_\_\_yes      \_\_\_no

(7) Has Business been Remodeled or Renovated?      \_\_\_yes      \_\_\_no

(8) Is Business out of business?      \_\_\_yes      \_\_\_no  
If yes, when? \_\_\_\_\_

**SECTION II—PLEASE COMPLETE THE FOLLOWING ACCORDINGLY**

OWNER NAME (Corporate Name or Individual Owner)

\_\_\_\_\_

D/B/A

\_\_\_\_\_

STREET ADDRESS

\_\_\_\_\_

MAILING ADDRESS      \_\_\_same as Street Address

\_\_\_\_\_

CITY	STATE	ZIP CODE
_____	_____	_____

TELEPHONE	FAX	EMAIL	CONTACT PERSON
_____	_____	_____	_____

**SECTION III—CHECK THE APPROPRIATE CATEGORY**

CHECK THE TYPE OF BUSINESS TO BE CONDUCTED AT THIS LOCATION. IF BUSINESS IS NOT LISTED, PLEASE LIST

___Store/Merchant	___Restaurant	___Service	___Manufacturer
___Auto Dealer	___Bank	___Hotel/Motel	___Rental Unit
___Game Room	___Other _____		

SECTION IV—LIST THE NUMBER OF EMPLOYEES (NEW BUSINESS)

\_\_\_ NEW BUSINESS ONLY

Please list the number of **Owners** of this Business as of the Date of this Return (whether paid or not)

\_\_\_\_\_

Please list the number of **Full-time** Employees Employed in this Business as of the Date of this Return  
\_\_\_\_\_ (full-time employees = 40 hours per week)  
(If there are no employees—List Zero)

Please list the number of **Part-time** Employees Employed in this Business as of the Date of this Return

\_\_\_\_\_ Total Number of Part-Time Employees

\_\_\_\_\_ Total Hours Worked per week for  
**ALL** part-time employees

*If the number of employees should change during the current year, please file  
an amended Return indicating the actual number of employees*

SECTION IV—LIST THE NUMBER OF EMPLOYEES (RENEWAL ONLY)

\_\_\_ RENEWAL ONLY

Please list the number of **Owners** of this Business as of the Date of this Return (whether paid or not)

\_\_\_\_\_

Please list the number of **Full-time** Employees Employed in this Business as of the Date of this Return  
\_\_\_\_\_ (full-time employees = 40 hours per week)  
(If there are no employees—List Zero)

Please list the number of **Part-time** Employees Employed in this Business as of the Date of this Return

\_\_\_\_\_ Total Number of Part-Time Employees

\_\_\_\_\_ Total Hours Worked per week for  
**ALL** part-time employees

*If the number of employees should change during the current year, please file  
an amended Return indicating the actual number of employees*

SECTION V—READ CAREFULLY BEFORE SIGNING

This Return is due in the Clerk’s Office on or before the 15th of November of each year before a certificate can be issued. Failure to file this Return by the 15th of November will result in a penalty. I certify that the foregoing information is true and correct. I understand that falsification of this return could cause denial of a certificate without refund. I understand the City may also seek equitable relief by way of injunction in the Murray County Superior Court in response to falsification of this Return.

\_\_\_\_\_ Signature

\_\_\_\_\_ Date