

# Henry County Occupational Tax Certificate Application Affidavit

[www.henrycountytax.com](http://www.henrycountytax.com)

(VOID AFTER 60 DAYS)

Account# \_\_\_\_\_

Name of Business \_\_\_\_\_

DBA: \_\_\_\_\_

Name of Applicant/Owner \_\_\_\_\_

Name of Applicant/Owner \_\_\_\_\_

Business Address \_\_\_\_\_

Parcel Number \_\_\_\_\_

Mailing Address \_\_\_\_\_

Business Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Email \_\_\_\_\_

Number of Employees \_\_\_\_\_ Company Type \_\_\_ LLC \_\_\_ Corp \_\_\_ Part \_\_\_ Sole Prop

1) Is this a home-based business?  Yes  No

2) If yes to above question, will the business be open to the public?  Yes  No

3) Please indicate the nature of this application:

- \_\_\_ Home-Based  Commercial (total square footage) \_\_\_\_\_
- \_\_\_ Name Change Only      \_\_\_ Ownership Change Only
- \_\_\_ Location Change Only      \_\_\_ New Business New Construction
- \_\_\_ New Business, existing building/suite (no construction)

4) Type of business activities (Please provide a thorough description of what your business does during daily operations including anticipated number of customers/citizen at any one time.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5) Hours of Operation \_\_\_\_\_ Days of Operation \_\_\_\_\_

6) Will your business differ from previous (if applicable) tenant?  Yes  No

7) Do you plan on performing any construction work at the business address? Have permits already been applied for and/or issued?  Yes  No If yes, please provide a brief description of planned or ongoing work: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

8) If permit has been applied for, provide SagesGov case number: \_\_\_\_\_

9) If permit(s) are issued, provide permit number(s): \_\_\_\_\_

10) I understand that it is recommended, but not required, to request a due diligence meeting with planning & zoning, building and fire department to discuss both the contents of this application as well as the proposed business.  Yes  No

Signature \_\_\_\_\_ Date \_\_\_\_\_

**11) PLEASE PROVIDE AN EXTENSIVE MODEL FOR THE PROPOSED BUSINESS:**  
**THIS FORM MUST BE ATTACHED, NOTARIZED & RETURNED**

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**LEGAL STATUS AFFIDAVIT**

**Please read carefully and check the appropriate box:**

- 1. If you are a United States citizen 18 years of age or older please check below.
- 2. 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
- 2. \_\_\_\_\_ The applicant must execute an affidavit that he or she is a qualified alien or nonimmigrant under the Federal Immigration and Nationality acct 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.**

(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.

*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** \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Applicant **MY COMMISSION EXPIRES** \_\_\_\_\_

**HENRY COUNTY TAX COMMISSIONER  
OCCUPATIONAL TAX DEPARTMENT  
140 HENRY PARKWAY  
MCDONOUGH GA 30253  
770-288-8180 OPT 5  
[www.henrycountytax.com](http://www.henrycountytax.com)  
OCCTAX@CO.HENRY.GA.US**

**GROSS RECEIPTS PAGE FOR OCCUPATIONAL TAX CALENDAR YEAR**

DATE: \_\_\_\_\_ ACCOUNT # \_\_\_\_\_

BUSINESS/CORP NAME \_\_\_\_\_  
BUSINESS  
ADDRESS \_\_\_\_\_

In order 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.

**ACTUAL GROSS RECEIPTS FOR THE YEAR, OR IF YOU WERE NOT IN BUSINESS DURING THE TIME INDICATED, PLEASE ESTIMATE YOUR ANTICIPATED AMOUNT OF GROSS RECEIPTS.**

GROSS  
RECEIPTS: \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_

**GEORGIA LAW RQUIRES THAT WE KEEP GROSS RECEIPT INFORMATION  
CONFIDENTIAL**



# Henry County Personal Property Guide

## Business Owners

### Did you know...

- All business located in Georgia as of January 1<sup>st</sup> 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 1<sup>st</sup> 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 1<sup>st</sup>**.
- 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 Return

BUSINESS PERSONAL PROPERTY TAX RETURN		INCLAR	F ADDRESSES, MUNICIPAL, ACCOUNT NUMBER
THIS RETURN IS SUBMITTED FOR INFORMATION AND IS NOT TO BE USED FOR TAX PURPOSES.		DUPLICATE	MAP AND PARCEL ID NO. _____
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 fair market value then return your estimate of value under the column headed Taxpayer's Reported Value.			
1.	PERSONAL PROPERTY STRATA	TAXPAYER REPORTED VALUE, AS OF JAN 1	INDICATED VALUE FROM SCHEDULES A, B, & C
1. Furniture/Fixtures/Machinery/Equipment — includes all fixtures, furniture, office equipment, computer hardware, production machinery, off-road vehicles, farm equipment and implements, tools and equipment of natural resource trade, assessment improvements personal property in value and construction in progress personal property in stock. 2. Inventory — includes all raw materials, goods in process, finished goods, livestock and agricultural products, all consumables applied used in the process of manufacturing, distilling, storing or manufacturing of goods and services, floor planned inventory, and spare parts. 3. Freight/Inventory — includes inventory acquisition amount under O.C.G.A. §§ 48-5-42 and 48-5-43. 4. Other Personal — includes all personal property not otherwise defined above.			
<b>TOTALS</b>			
It shall be the duty of the county Board of Tax Assessors to investigate and to inquire into the property owned in the county for the purpose of ascertaining what property is subject to taxation and to require the proper return of the property to taxation.			
<b>TAXPAYER'S DECLARATION</b>			
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 placed 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 or other direct, indirect, administrative, 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. I do further swear that in making this return I have done so by voluntarily the true worth and value of every species of property contained therein.			
TAXPAYER OR AGENT X _____ SIGNATURE			
PLEASE PRINT OR TYPE NAME _____		DATE _____	
TITLE _____		PHONE NUMBER _____	

## Business Personal Property Timeline

**January 1** – Date of Assessment

**April 1** – Business Personal Property Tax Return

**May** – Notice of Assessments are mailed (this is not a bill)

**August/September** – Tax bills are mailed by Tax Commissioners Office

**October/ November** – Tax bills are due to Tax Commissioners Office

Visit <http://www.HENRYCOUNTYTAX.COM> for online payment and balances.

## Questions?

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

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

For questions contact the Henry County Tax Assessor Office, Personal Property Department at

**770-288-7999, option 1**

**140 Henry Parkway, McDonough, GA 30253**

Business Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Address / Parcel ID: \_\_\_\_\_