



2014 OCCUPATIONAL TAX RETURN

Gross Receipts Verification

Due March 31, 2015

Name of Business: _____

DBA: _____

Address: _____ Suite: _____

City / State / Zip: _____

Owner's Name: _____

Mailing Address: Check if same as above

Suite: _____

City / State / Zip: _____

Contact Person: Check if same as owner _____

Phone: _____ Cell Phone: _____

E-mail: _____

The business ceased operations at this location in 2014. Last date of operation: ____ / ____ / ____

ACTUAL Number of Employees (FTE'S) in 2014: _____

ACTUAL 2014 Gross Receipts: \$ _____

Attach copy of 4th quarter 2014 DOL-4 (Department of Labor) form and copy of sale tax reports for 2014 for your Doraville business location. See Code Sec. 6-601 for definition of gross receipts.

I understand that: Individuals, businesses and practitioners who fail or refuse to make a timely or truthful tax return or make available truthful and accurate information the City requests or requires for determining applicability or amount of occupation tax, or for levying or collecting such occupation tax shall be subject to the imposition by the City of Doraville Municipal Court of a fine per Code Sec. 6-611. Individuals, businesses and practitioners doing business in the City shall submit to the City Clerk, or his or her designee, or make available to the City within thirty (30) days such information as may be required or requested by the City to determine the applicability and amount of the occupation tax or to facilitate levying or collecting the occupation tax per Sec. 6-608(c).

I do solemnly swear or affirm that I have answered all questions truthfully and understand that any false statements made on this return may result in revocation of the Occupational Tax Certificate by the City of Doraville.

Sworn and subscribed before me:

This _____ day of _____, 20 _____

Owner's or Officer's Signature

Signature of Notary Public

Print Name

My commission expires: ____ / ____ / ____

Date: ____ / ____ / ____