

CITY OF ATLANTA DEPARTMENT OF FINANCE – OFFICE OF REVENUE

55 TRINITY AVENUE SW, SUITE 1350 ATLANTA, GA 30303

TELEPHONE: (404) 330-6627 FAX: (404) 658-7465 EMAIL: professionaltaxmail@atlantaga.gov

PROFESSIONAL PRACTITIONER REGISTRATION INFORMATION

- Professionals are required to renew their Business Tax Certificate by January 1st and payment is due by April 1st, annually.
- A 10% failure to pay penalty will be assessed after April 1st on all renewals.
- New applicants must complete the attached form and return it with payment in the amount of \$400.00.
- New applicants must attach a copy of their Georgia State License.
- New applicants with <u>multiple years</u> will be assessed \$400.00 per year plus 10% penalty per year.
- If you have any questions please contact the Professional Accounting Technician at (404) 330-6627 or Customer Service at (404) 330-6270.
- Your correspondences can be forwarded to: professionaltaxmail@atlantaga.gov.

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PROFESSIONAL REGISTRATION

(Please type or print legibly)

| | | (Please type or print legibly) | | | |
|---|---|--|--|---------------|----------------------|
| 1. Date yo | OU BECAME A LICENS | ED PRACTITIONER IN ATLANTA | | _/ | / |
| 2. Date yo | OU BECAME A LICENS | ED PRACTITIONER AT THIS LOCATI | Month ON | Date / | Year / |
| | | | Month | Date | Year |
| lave you ever obt | ained a Professiona | l Business License in the City of | f Atlanta? | Yes | _ No |
| f yes, please prov | ide Professional Bu | siness Tax Account Number: _ | | Ll | PR |
| • License fo | ee for January thru I | December: \$400.00 | | | |
| • 10% pena | lty for Failure to Fi | le by <u>start</u> date per year. | | | |
| • 10% pena | lty for Failure to Pa | y by <u>due</u> date per year. | | | |
| Last Name | | First Name | | | Middle Initial |
| Hereby register m | y profession as | | ; and furth | er certify | that I am duly |
| icensed by the Sta | | | | J | J |
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| | Princ | CIPAL OFFICE NAME AND L | OCATION | | |
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| Street Address: | nme: | | Suite: | Qua | adrant: |
| Firm/Company Na Street Address: City/State/Zip Coo Felephone Numbe | nme: | | Suite: | | |
| Street Address: City/State/Zip Coo Felephone Numbe | nme: | Facsimile I | Suite: | | |
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| Street Address: City/State/Zip Coo Felephone Numbe MAILING ADDRES Under penalty of law, agree to notify the Offi Signature of Appli New appli | the: It is a property of the second of the | Facsimile I M ABOVE: are that the above information, to best only of the information change. | Suite: Number: of my knowledge of Manage Amounse before app | and belief is | s true and completed |
| Street Address: City/State/Zip Coo Felephone Numbe MAILING ADDRES Under penalty of law, agree to notify the Offi Signature of Appli New appli | the: It is a property of the second of the | Facsimile I M ABOVE: dare that the above information, to best only of the information change. Date copy of their State of Georgia lice | Suite: Number: of my knowledge of Manage Amounse before app | and belief is | s true and completed |
| Street Address: City/State/Zip Coo Celephone Numbe MAILING ADDRES. Under penalty of law, agree to notify the Offi Signature of Appli 1. New appli 2. PLEASE MA FOR OFFICE USE ONLY: | the: It is a property of the second of the | M ABOVE: | Suite: Number: of my knowledge | and belief is | s true and completed |