

State of Georgia

Douglas J. MacGinnitie Commissioner

Department of Revenue

Local Government Services Division

Suite A 4245 International Parkway Hapeville, Georgia 30354-3918 Telephone (404) 968-0707 **J**ax (404) 968-0778

To: **Financial Institutions**

From: Vicki Lambert, Director

RETURN OF BUSINESS LICENSE TAX SUBJECT:

Enclosed please find Form PT-440, Return of Business License Tax.

Although the State of Georgia provides the PT-440 "Return of Business License Tax" form, the responsibility for receiving and processing these returns belongs to the local governing authorities.

Therefore, please direct all inquires to the city and /or county officials that handle the business license taxation in your jurisdiction.

Vicki K. Lambert Dírector

RETURN OF BUSINESS LICENSE TAXES

CALENDAR YEAR ENDED DECEMBER 31, 20_

FEDERAL E.I.NUMBER	EXACT CORPORATE NAM	E		DO NOT USE THIS SPACE
Attach a copy of the <u>Form 900</u> Filed with Georgia Income Tax Division	Street or P.O. Box			
	СІТҮ	STATE	ZIP CODE	

Operating as: { } Bank { } Savings and Loan { } Banking Corporation { } Bank Holding Company

DECLARATION: I / WE declare under the penalties of perjury that I / WE have examined this return (including accompanying schedules and statements) and to the best of our knowledge and belief it is true, correct, and complete. If prepared by a person other than taxpayer, his declaration is based on all information of which he has any knowledge.

(Signature of Officer)

(Signature of Individual or Firm preparing the return)

(Title)

(Date)

(Identification or Social Security Number)

This return is made in accordance with *O.C.G.A.* 48-6-93, which authorizes municipalities and counties to levy and collect a local business license tax based upon the gross receipts, as defined, of financial institutions. The interim special tax limitation for savings and loan associations expired December 31, 1986.

IMPORTANT:

A COPY OF THIS RETURN MUST BE FILED IN EACH COUNTY AND/OR MUNICIPALITY WHERE BUSINESS IS LOCATED.

DIRECT ALL INQUIRIES TO THE CITY AND/OR COUNTY OFFICIALS THAT HANDLE THE BUSINESS LICENSE TAXATION IN YOUR JUSISDICTION

COMPUTATION OF ADJUSTED GROSS RECEIPTS ALLOCATION FOR BUSINESS LICENSE TAXES

A Adjusted Gross Receipts From Form 900, Live 8, Schedule 1 Image: 1 Constrained Constrai	SCHEDULE 1 – INSTITUTIONS HAVING MORE THAN 5 FULL SERVICE OFFICES										
C (Col. 1) Name of Municipality or County No. Of Offices Excluding Main Office No. In Col. (2) divided by Line B Schedule 1 No. In Col. (3) times .8 Main Office Allocation Column (4) plus Column (5) Column (6) times Line A Schedule 1 Tax Minimum Parent County Image: Column (4) plus Image: Column (5) Image: Column (5) Image: Column (6) Image: Column (Α	A Adjusted Gross Receipts From Form 900, Line 8, Schedule 1 \$			B Number of Full Service Offices <i>Excluding Main Office</i>						
Name of Municipality or CountyExcluding Main Officedivided by Line B Schedule 1No. In Col. (3) times .8Main Office AllocationColumn (4) plus Column (5)times Line A Schedule 1RateTaxMinimumParent County20% <t< td=""><td>C</td><td>(Col. 1)</td><td></td><td></td><td>(Col. 4)</td><td>(Col. 5)</td><td>(Col. 6)</td><td></td><td colspan="3">CALCULATE IF KNOWN</td></t<>	C	(Col. 1)			(Col. 4)	(Col. 5)	(Col. 6)		CALCULATE IF KNOWN		
	U	Name of Municipality or	Excluding	divided by Line B				times Line A	Rate	Tax	Minimum
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SCHEDULE 2 – INSTITUTIONS HAVING FEWER THAN 5 FULL SERVICE OFFICES IN ADDITION TO THE PRINCIPAL GEORGIA OFFICE										
Α	A Adjusted Gross Receipts From Form 900, Line 8, Schedule 1 \$ B Number of Full Service Offices Including Main Office									
	Name of Municipality or	No. Of Offices No. In Including	(Col. 3)	(Col. 4)	(Col. 5)	(Col. 6)	(Col. 7)	CALCULATE IF KNOWN		
С			No. In Col. (2) divided by Line B Schedule 2				Column (3) times Line A Schedule 2	Rate	Тах	Minimum
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ATTACH CONTINUATION SHEETS FOR LINES AS NEEDED (Complete heading on reverse side) TOTAL										

BUSINESS LICENSE TAX GENERAL INSTRUCTIONS - FORM PT-440

FILING REQUIREMENTS All financial institutions located in the State of Georgia are	On Line C, in Column 1, list all county and municipal locations for the institution.					
required to file a Form PT-440 in all jurisdictions that impose the business license tax if that institution has a full service office located within that jurisdiction. The filing deadline is March 1 st of each year. Returns should be mailed to the local (city and/or county) official(s) responsible for receiving and	On Line C, in column 2, enter the number of full service offices (excluding the main office or branch) for each county and each municipality listed separately in column 1.					
processing those returns.	On Line C, in column 3, enter the three decimal ratio you generate, when you divide the figures in column 2 by the figure appearing on Line B.					
The law provides that each jurisdiction may impose a rate of not more than 0.25 percent of Georgia gross receipts as defined in O.C.G.A. 48-6-95 of this code section. Each	On Line C, in column 4, enter 80% of the three decimal ratio you entered in column 3.					
jurisdiction may impose a minimum tax, which may not exceed \$1000.00. ALLOCATION OF GROSS RECEIPTS	On Line C, in column 5, you should <i>NOT</i> make any entry. That column is designed to tax the 20% of gross receipts allocated to the parent or main office.					
The tax is based upon the gross receipts of the financial institution or a portion of the gross receipts if the institution has more than one full service office. The law provides for the allocation of gross receipts among branches and the parent	On Line C, in column 6, enter the allocation or distribution ratio you generate when you add the ratio appearing in column 4 to the ratio appearing in column 5.					
bank, depending on whether the institution has fewer than five branches in addition to the principal Georgia office OR more than five branches.	On Line C, in column 7, enter the taxable gross receipts for each county and each municipality. To obtain those amounts, multiply the ratio in column 6 <i>times</i> the figure appearing on Line A.					
(1) Where there are <i>fewer</i> than five (5) branches or bank office, <i>in addition to the principal Georgia office</i> , the total gross receipts are allocated in equal shares to each location. <i>(refer Schedule 2)</i>	COMPUTATION OF THE BUSINESS LICENSE TAX FORM PT-440<u>SCHEDULE 2</u> (for institutions having 5 or fewer full service offices-in addition to the principal Georgia office)					
(2) Where there are more than five (5) branches or bank offices, the total gross receipts allocated to each location shall	On Line A, enter the adjusted gross receipts as reported on Form 900, Line 7, Schedule 1.					
be computed by first allocating 20% of the total to the parent bank and then allocating the remaining 80% in equal shares to the branches and bank offices. (refer Schedule 1)	On Line B, enter the total number of full service offices of the institution. BE SURE TO INCLUDE THE PARENT BRANCH OR OFFICE.					
RELATION TO STATE OCCUPATION TAX RETURN FORM 900	On Line C, in column 1, list all county and municipal locations for the banking corporation.					
The Form PT-440 is used in conjunction with the State Occupation Tax Return - FORM 900.	On Line C, in column 2, list the number of full service offices for each county and each municipality listed in column 1. Include the main office or branch.					
The amount of adjusted gross receipts shown on Line 7, Schedule 1, Form 900 should be entered on Line A, Schedule 1 of Form PT-440 OR Line A, Schedule 2 of Form PT-440, depending upon the number of branches the institution has.	On Line C, in column 3, enter the three decimal ratio you generate, when you divide the figures in column 2 by the figure appearing on Line B.					
Copies of the Form PT-440 must be attached to the State Occupation Tax Return - Form 900.	On Line C, in columns 4, 5 and 6, you should <i>NOT</i> make any entry.					
COMPUTATION OF THE BUSINESS LICENSE TAX FORM PT-440SCHEDULE 1 (for institutions having more than 5 full service offices)	On Line C, in column 7, enter the taxable gross receipts for each county and each municipality. To obtain those amounts, multiply the ratio in column 3 <i>times</i> the figure appearing on Line A.					
On Line A, enter the adjusted gross receipts as reported on Form 900, Line 7, Schedule 1.	Definition of an "office" means a place of business of a depository financial institution, which accepts deposits. Does not include unmanned ATM's, point-of-sale terminals, or any unmanned electronic facility at which deposits may be accepted. 48-6-93 (d) (2)					
On Line B, enter the total number of full service offices of the institution. DO NOT INCLUDE THE PARENT BRANCH OR OFFICE.						