



Town of Aynor

PO Box 66 Aynor SC 29511

Phone 843\*358\*6231 Fax 843\*358\*0754

Business License Application for Business Year 2021 Due on or before March 31<sup>st</sup>

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

Physical Address: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Resident or Non-Resident Business \_\_\_\_\_

Type of Business: \_\_\_\_\_

SS# \_\_\_\_\_ -OR- Fed ID# \_\_\_\_\_ RATE CLASS: \_\_\_\_\_

SC Contractor's License # \_\_\_\_\_ SC State Retail License # \_\_\_\_\_

**FEE Calculation: PLEASE CALL THE OFFICE FOR RATE SCHEDULE**

Gross Income as reported to the IRS (rounded to next thousand) A \_\_\_\_\_

- Subtract Income reported to another city where license obtained B \_\_\_\_\_

= Balance of gross income subject to license tax IN AYNOR C \_\_\_\_\_

- Subtract \$2,000 base amount (covered by base fee) \_\_\_\_\_ (fee: See J) D 2,000.00

= Balance E \_\_\_\_\_

Divide E by 1,000 F \_\_\_\_\_

Multiply F by G (rate per thousand) G. \_\_\_\_\_ (rate) H \_\_\_\_\_

IF GROSS RECEIPTS DO NOT EXCEED \$1MILLION SKIP BULLET ITEMS TO NEXT BALANCE (I)

- If declining rate is between \$2,000-\$1Million (100%) \_\_\_\_\_ (rate) + \_\_\_\_\_
- If declining rate is between \$1Million-\$2Million (90%) \_\_\_\_\_ (rate) + \_\_\_\_\_
- If declining rate is between \$2Million-\$3Million (80%) \_\_\_\_\_ (rate) + \_\_\_\_\_
- If declining rate is between \$3Million-\$4Million (70%) \_\_\_\_\_ (rate) + \_\_\_\_\_
- If declining rate is over \$4Million (60%) \_\_\_\_\_ (rate) + \_\_\_\_\_

= Balance I \_\_\_\_\_

+ Add Base Fee (fee from above) J \_\_\_\_\_

TOTAL License Tax = K \_\_\_\_\_

Multiply Penalty (5% per month IF late) L \_\_\_\_\_

**Total License Tax and Penalty = M \_\_\_\_\_**

Form of Payment: Cash \_\_\_\_\_ Check \_\_\_\_\_ Charge \_\_\_\_\_

I (We) do hereby certify that the above information and amount returned as gross income from my business is true and correct, and that I have made no deductions except income on which I have paid a business license tax to another city or county, for which I have proof of payment. I am familiar with the penalty provisions of the ordinance and the grounds for revocation of the license, including making false or fraudulent statements in this application. I certify that all business personal property taxes due and payable to the Town/County have been paid, and that the above business name is the same as reported on documents filed with the state and federal governments. I understand that my business income tax returns and other documents may be inspected to verify gross income or other business data.

Signature

Title

Date