

(E-Verify)
Private Employer Affidavit for Public Benefit Applicants
Pursuant to O.C.G.A. § 36-60-6(d)

Public Benefit Applied For: Occupation Tax Certificate

The undersigned applicant as the duly authorized representative of the below-named private employer verifies one of the following with respect to my application for the public benefit indicated above mentioned:

Section 1:

Applicant must select either "a" or "b" in Section 1.

- a) On January 1st of the below signed year the individual, firm, or corporation employed **more than ten (10) employees**¹.
- b) On January 1st of the below signed year the individual, firm, or corporation employed **ten (10) or fewer employees**¹.

Section 2:

Complete the fields in section 2 if you selected "a" under Section 1 above. Skip to next section if you selected "b".

*The Federal Work Authorization User ID # is a **4 to 7 digit number** assigned by the e-Verify Program. It is **not the same as FEIN, Federal Employer ID Number or tax ID.***

Include the date the number was assigned in the second field.

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 #

Date of Authorization

Section 3:

*Wait to complete this section when you are in front of a Notary Public. Please be sure to **complete all fields** in this section at that time.*

In making the above representation 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 Official Code of Georgia §16-10-20.

Executed in _____, _____.
City State

Signature of Applicant

Date

Printed Name of Applicant

Name of Business

Title of Applicant

Section 4:

The Notary Public must witness your signature and complete this section.

SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____, 20 _____

Signature of Notary Public: _____ (SEAL)

My Commission Expires: _____

To determine the number of Employees for the purpose of this affidavit. A business must count its total number of employees company-wide, regardless of the city, state, or country in which they are based, working at least 35 hours a week.