

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

**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: \_\_\_\_\_