

(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 above-named private employer verifies one of the following with respect to my application for the public benefit indicated above mentioned:

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| <p>Section 1: <i>Applicant must select either "a" or "b" in Section 1.</i></p> |
| <p>Section 2: <i>Complete the fields in section 2 if you selected "a" under Section 1 above. Skip to next section if you selected "b".</i></p> <p><i>The Federal Work Authorization User ID # is a 4 to 7 digit number assigned by the e-Verify Program. It is <u>not</u> the same as FEIN, Federal Employer ID Number or tax ID.</i></p> <p><i>Include the date the number was assigned in the second field.</i></p> |
| <p>Section 3: <i>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.</i></p> |
| <p>Section 4: <i>The Notary Public must witness your signature and complete this section.</i></p> |

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

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:

_____ Date of Authorization
Federal Work Authorization User Identification #

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

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

Signature of Notary Public: _____ (SEAL)

My Commission Expires: _____