

E-Verify Affidavit

- Instructions:**
1. Print your business name and address
 2. Indicate the number of employees
 3. Have your affidavit notarized

By executing this affidavit under oath, as an applicant for an occupational tax certificate, the undersigned applicant representing the private employer known as

1 _____ at _____
Name of business/private employer Address

verifies one of the following with respect to my application for the above mentioned document:

2 **Check one:**

- On Jan. 1 of the below signed year the individual, firm, or corporation employed 10 or less employees.
- On Jan. 1 of the below signed year the individual, firm, or corporation employed more than ten (10) employees.

Complete this section if business employed more than 10 employees as of January 1:

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 Number**

Note: This is not your EIN. Call 1-888-933-8374 to obtain the number.

_____ **Date of Authorization**

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 O.C.G.A. § 16-10-20, and face criminal penalties allowed by such statute.

Executed on the _____ date of _____, 20____ in _____ (city), _____(state)

3 _____
Signature of Authorized Officer or Agent

Printed Name of and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE ____ DAY OF _____, 201____.

NOTARY PUBLIC

My Commission Expires:
