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

_______________________________  at  ________________________________
Name of business/private employer Address

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

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       Date of Authorization

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

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)

_____________________________________________
Signature of Authorized Officer or Agent

_______________________________
SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE ____ DAY OF _____________, 201__.

_______________________________
NOTARY PUBLIC
My Commission Expires: