

# OCCUPATIONAL TAX CERTIFICATE APPLICATION

## E-VERIFY AFFIDAVIT

### PRIVATE EMPLOYER AFFIDAVIT PURSUANT TO O.C.G.A. 36-60-60(d).

PLEASE CHECK THE APPROPRIATE BOX BELOW AND COMPLETE. THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.



#### EMPLOYEES MORE THAN 10 (TOTAL EMPLOYEES FOR INDIVIDUAL, FIRM, AND CORPORATION)

By executing this affidavit, the undersigned private employer \_\_\_\_\_  
(business name) verifies its compliance with OCGA § 36-60-6, stating affirmatively that the individual, firm or corporation employs more than 10 employees and has registered with and utilizes the federal work authorization program commonly known as E-Verify. Furthermore, the undersigned private employer hereby attests that its federal work authorization user identification number (this number is NOT the FEIN/Federal Employer Identification Number) and date of authorization are as follows:

\_\_\_\_\_  
Federal Work Authorization User Identification Number (E-Verify #)

\_\_\_\_\_  
Date of Authorization

\_\_\_\_\_  
Name of Private Employer



#### EMPLOYEES LESS THAN 10 (TOTAL EMPLOYEES FOR INDIVIDUAL, FIRM, AND CORPORATION)

By executing this affidavit, the undersigned private employer \_\_\_\_\_  
(business name) verifies that it is exempt from compliance with OCGA § 36-60-6, stating affirmatively that the individual, firm or corporation employs fewer than 10 employees and, therefore, it is not required to register with and/or utilize the federal work authorization program provision commonly known as E-Verify.

**TO DETERMINE THE NUMBER OF EMPLOYEES FOR PURPOSES 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.**

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 violation of OCGA Â§ 16-10-20, and face criminal penalties allowed by such statute.

\_\_\_\_\_  
Name of Authorized Agent or Officer

\_\_\_\_\_  
Title of Authorized Agent or Officer

\_\_\_\_\_  
Signature of Authorized Agent or Officer

SUBSCRIBED AND SWORN BEFORE ME

ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
MY COMMISSION EXPIRES: \_\_\_\_\_

**NOTARY PUBLIC**