

(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:

<p><b>Section 1:</b> <i>Applicant must select either "a" or "b" in Section 1.</i></p>
<p><b>Section 2:</b> <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 <b>4 to 7 digit number</b> assigned by the e-Verify Program. It is <b>not the same as FEIN, Federal Employer ID Number or tax ID.</b></i></p> <p><i>Include the date the number was assigned in the second field.</i></p>
<p><b>Section 3:</b> <i>Wait to complete this section when you are in front of a Notary Public. Please be sure to <b>complete all fields</b> in this section at that time.</i></p>
<p><b>Section 4:</b> <i>The Notary Public must witness your signature and complete this section.</i></p>

- 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**.

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: \_\_\_\_\_