## **E-VERIFY FORM**

## AFFIDAVIT O.C.G.A. § 36-60-6(d) E-VERIFY PRIVATE EMPLOYER AFFIDAVIT OF COMPLIANCE

By executing this affidavit under oath, as an applicant for an Occupational Tax Certificate or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d), from Dunwoody, Georgia, the undersigned applicant representing the private employer [printed name of private employer] verifies one of the following with respect to my application for the above-mentioned document: 1) Fill out this section on or after July 1, 2013 On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed (a) \_\_\_\_\_ more than ten (10) employees.

On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed less than ten (10) employees. If the employer selected 1(a) please fill out Section 2 below. 2) 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. § 13-10-90. The undersigned private employer also attests that it's federal work authorization user identification number and date of authorization are as listed below: BUSINESS ACCOUNT NO. Federal Work Authorization User Identification Number SALES TAX ID NO. (Only if Applicable) 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 in \_\_\_\_\_ (City), \_\_\_\_\_ (State) Signature of Applicant Date Printed Name of Applicant Name of Business SUBSCRIBED AND SWORN BEFORE ME ON THIS THE DAY OF , 20 . **NOTARY PUBLIC / SEAL** 

Questions: Email <a href="mailto:lrjohnson@revds.com">lrjohnson@revds.com</a>

My Commission Expires: