

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 Glynn County, Georgia, the undersigned applicant representing the private employer known as _____ [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
 - (a) _____ On January 1st of the below signed year the individual, firm, or corporation employed more than ten (10) employees.
 - (b) _____ On January 1st 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 its federal work authorization user identification number and date of authorization are as listed below:

Federal Work Authorization User Identification Number

BUSINESS ACCOUNT NO.

Date of Authorization

SALES TAX ID NO. (Only if Applicable)

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

My Commission Expires: _____

Questions: Email lrjohnson@revds.com