

# 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 Sandy Springs, 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 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 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:

\_\_\_\_\_  
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](mailto:lrjohnson@revds.com)**