

DeKalb County Department of Planning & Sustainability



BUSINESS NAME	LICENSE #/OCCUPATION TAX #
NUMBER OF EMPLOYEES (COMPANY-WIDE)	
PRIVATE EMPLOYER AFF	IDAVIT PURSUANT TO O.C.G.A. § 36-60-6(d)
•	dersigned private employer verifies one of the following with the occupational tax certificate, or other document required to 36-60-6(d):
SECTION 1. Please check only one: (A) On January 1st of the below-signed employed more than ten (10) employ	l year, the individual, firm, or corporation rees ¹
*** If you select Section 1(A), please fill out Se	ection 2 and then execute below.
(B) On January 1st of the below-signed employed ten (10) or fewer employed	year, the individual, firm, or corporation es.
*** If you select Section 1(B), please skip Sec	tion 2 and execute Section 3 below.
with the applicable provisions and deadling private employer also attests that its feder of authorization are as follows: Name of Private Employer	izes the federal work authorization program in accordance nes established in O.C.G.A. § 36-60-6. The undersigned ral work authorization user identification number and date
Federal Work Authorization User Ide	ntification Number
Date of Authorization	
SECTION 3. I hereby declare under penalty of perjury Executed on,,	that the foregoing is true and correct. 20 in(city), (state).
Signature of Authorized Officer or Agent	
Printed Name and Title of Authorized Officer SUBSCRIBED AND SWORN BEFORE ME ON THIS THEDAY OF, 20_	
NOTARY PUBLIC My Commission Expires:	

¹ Sec. 15-27 Employee means an individual whose work is performed under the direction and supervision of the employer and whose employer withholds FICA, federal income tax, or state income tax from such individual's compensation or whose employer issues to such individual for purposes of documenting compensation a form I.R.S. W-2 but not a form I.R.S. 1099.