Verification of In-State Work for Service Providers

| Date: From (Vendor I Project Name: Production Cor | | | - | | | |
|--|--------------------------------|--|----------------------------|------------------------|---------------------|--------------------|
| To: Georgia De | epartment of Revenue | | | | | |
| subcontractors | | versus out-of-state work (including any work by for any portion of the work (e.g. processing, fab sus outside Georgia. | | | | |
| Vendor's off-se | t Location(s) used in GA | | | | | |
| Vendor's Location(s) out-of-state | | | | | | |
| Vendor's Head | quarters Located at: | | | | | |
| Vendor's Georg | gia Withholding Number | | | | | |
| Did you pay Ge | orgia withholding tax on servi | ices (as detailed below) provided by your emplo | yees or subcontractors? (Y | /N) | | |
| Was any of portion of the work or steps in the process performed by employees or subcontractors outside of Georgia or off-set? (Y/N) | | | | | | |
| | Γ | Г | | <u>% Performed on-</u> | % Performed off-set | <u>% Performed</u> |
| Invoice Date | Invoice Number | Description | Total Amount | <u>set in GA</u> | in GA | <u>Outside GA</u> |
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We have been paid in full for all contracted work.

Sincerely,

Vendor Signature

Printed Name

Direct Phone Number

Title

Contact Email Address