

**AFFIDAVIT OF CERTIFICATION  
OF NO EMPLOYEES OR EMPLOYEES' PAYROLL**

TO: ***Kymerly Group Payroll Solutions, Inc.***  
2200 Hillcrest St  
Orlando, FL 32803

Under penalties of perjury and in compliance with the Florida Division of Workers' Compensation and the U.S. and Florida Departments of Labor, I certify that I, \_\_\_\_\_ and/or my business, \_\_\_\_\_, have no reportable hours worked for the following period:

\_\_\_\_\_ to \_\_\_\_\_

I further certify that I or my business have not made or filed any report or document (i.e. Florida Employer's Quarterly Wage Report, etc.) with any agency or office stating that I or my business had any employees for the above stated period.

This Affidavit is issued to your office (in the absence of payroll) as verification that no Workers' Compensation benefits would apply for accidents that may occur during this period.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name/Title)