



# CITY SERVICE FEE RETURN

## CITY OF CHARLESTON, WV

P.O. Box 7786

CHARLESTON, WV 25356

Phone: (304)348-8024 Fax: (304)347-1810

[www.charlestonwv.gov](http://www.charlestonwv.gov)

Email: [citycollector@cityofcharleston.org](mailto:citycollector@cityofcharleston.org)

### THIS SECTION MUST BE COMPLETED

ACCOUNT #: \_\_\_\_\_ FEE QUARTER: \_\_\_\_\_

Business Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

### CSF REMITTANCE FORM

Form **CSF-2**

See instructions on the reverse side of this form ►

(Rev.2/2018)

Basis of Computation (choose one)	Weekly <input type="checkbox"/> \$3.00	Bi-Weekly <input type="checkbox"/> \$6.00	Semi-Monthly <input type="checkbox"/> \$6.50	Monthly <input type="checkbox"/> \$13.00
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	A	B	C
	Pay Period or Week Ending Date	Number of Employees/Self-Employed in Charleston	Fee Due
a			
b			
c			
d			
e			
f			
g			
h			
i			
j			
k			
l			
m			

**Total Fee Due:**



PLEASE CHECK BOX IF ADDRESS HAS CHANGED.

FOR OFFICE USE ONLY

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE EXAMINED THIS RETURN AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT AND COMPLETE.

TYPE OR PRINT NAME AND TITLE OF PREPARER

X

PREPARER'S SIGNATURE AND DATE

SIGNATURE REQUIRED

A SERVICE FEE WILL BE CHARGED FOR ALL RETURNED CHECKS.

# CSF Instructions for Employer and Self-Employed Remittance Form

1. Complete, sign and date this return. **Failure to complete this form in its entirety and/or enclose your remittance will result in your return being returned to you.**
2. This return must be accompanied by the required remittance no later than the last day of the month succeeding the close of each calendar quarter.
3. Employers must use this form to remit amounts withheld from employees and amounts received from certain self-employed persons who are members or partners of the Employer. Self-employed persons who are not members or partners of an Employer must use this form to remit the amount of City Service Fee due.
4. This form must be completed based on the **Basis of Computation Method** chosen by the Employer and disclosed on the front of this return, as explained in the administrative regulations.
5. The dates entered in lines "a" through "m", Column A shall be the ending dates for each weekly, bi-weekly, semi-monthly, or monthly pay period, depending on the period used and elected by the Employer, throughout the entire reporting period.
6. Enter the total number of employees/self-employed in Charleston during the pay period or week in Column B lines "a" through "m".
7. Multiply the number of employees/self-employed listed in Column B lines "a" through "m" by the appropriate rate (depending upon the Basis of Computation withholding method chosen) and list the total \$ amount in Column C lines "a" through "m".
8. Add the fee due amount in lines "a" through "m" Column C and enter the amount in the Total Fee Due line. This is the amount owed for the quarter.
9. **Sign the return. THIS RETURN IS INVALID UNLESS IT IS SIGNED.**
10. If your name and/or address printed on the form is incorrect, please mark through the incorrect information and write the correct information in the open space.
11. **Returns received after the due date will be assessed penalty and interest due. An invoice for penalty & interest will be mailed to you.**
12. Please make checks payable to: City of Charleston
13. Mail payments and/or correspondence to: City Collector's Office, P.O. Box 7786, Charleston, WV 25356
14. For additional information, please refer to the City Service Fee Administrative Regulations available at [www.charlestonwv.gov](http://www.charlestonwv.gov) or call the Charleston City Collector's Office at (304)348-8024.

Our office is open daily, Monday through Friday from 8:00 a.m. to 5:00 p.m., except holidays.

**Please note that only this remittance form will be accepted. Any change or modification to this form will also result in your return being returned to you.**

## Privacy Statement Act

Disclosure of a Social Security Number (SSN) to the City of Charleston is voluntary. If you do not wish to disclose your SSN, you may provide an alternative identification number. The City of Charleston solicits this information pursuant to West Virginia Code § 8-13-13 and the Charleston City Code. The City of Charleston will not disclose your SSN or any other information you provide to any other entity or party. The City of Charleston requests this information to facilitate the verification of withholding and payment of service fees.

QUARTER	PERIOD	DUE DATE
1st qtr.	January 1st - March 31st	<b>April 30th</b>
2nd qtr.	April 1st - June 30th	<b>July 31st</b>
3rd qtr.	July 1st - September 30th	<b>October 31st</b>
4th qtr.	October 1st - December 31st	<b>January 31st</b>