

# Prior Payment Form

► See instructions below.  
Please type or print legibly.

## Instructions for Prior Payment Form

If you are presently employed at more than one job in the City of Charleston, and the City Service Fee is currently being withheld by more than one employer, simply complete this form and give it to your second employer (Employer #2). **Section 1** – This section is to be completed by the employee. **Section 2** – This section is to be completed by the employee. **Section 3** – This section is to be completed by your first employer (Employer #1). **Section 4** – This section is to be completed by an authorized representative of your first employer (Employer #1). After this form has been completed in its entirety, it should be given to your second employer (Employer #2), and retained by them. After your second employer receives this form, they are no longer required to withhold the fee. **This form should not be sent to the Office of City Collector**

### 1. Enter Employee Information.

Full Name	Employee's Identification Number
Mailing Address (number and street)	Phone Number
City, state and ZIP code	

### 2. Employee Statement:

By signing below, I certify that I am presently employed at more than one job in the City of Charleston, and the City Service Fee is currently being withheld by more than one of my employers. I do hereby request that my employer in possession of this form, my second employer (Employer #2), stop withholding the City Service Fee because my first employer (Employer #1) is also withholding the fee. I agree to notify my second employer (Employer #2) immediately should the foregoing statement no longer apply for any reason, including change of employment, location of employment, or any other reason. Under penalty of perjury, I attest the subsequent statement is true, accurate, and complete to the best of my knowledge.

Employee's Signature	Date Signed
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### 3. Enter Employer #1 Information.

Name	Employer's Identification Number
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### 4. Employer Acknowledgement: (This section to be completed by Employer #1)

By signing below, I certify that I am duly authorized and designated by Employer #1 in Section 3 above to review and confirm this form, and that I am reasonably familiar with the employee listed in Section 1 above. I have no reason to believe that any statement made in this form is untrue or misleading in any respect.

Type or Print Name of Employer Representative	Employer Representative Signature
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#### Privacy Act Statement

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.