



# CITY OF CHARLESTON, WV

## CITY SERVICE FEE

915 QUARRIER STREET, SUITE 4

CHARLESTON, WV 25301

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

[www.cityofcharleston.org](http://www.cityofcharleston.org)

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

### THIS SECTION MUST BE COMPLETED

ACCOUNT #: \_\_\_\_\_ TAX QUARTER: \_\_\_\_\_

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

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

\_\_\_\_\_

CITY OF CHARLESTON, WV  
CITY SERVICE FEE  
CHARLESTON CITY COLLECTOR

### CSF REMITTANCE FORM

See instructions on the  
reverse side of this form ►

Form **CSF-2**  
(Rev.4-2008)

Number of Employees in Charleston: \_\_\_\_\_

Number of Self-Employed in Charleston: \_\_\_\_\_

Total Number of Workers in the City: \_\_\_\_\_

Amount of City Service Fee  
Required to be Remitted  
This Period: \$ \_\_\_\_\_

Physical Location of Business in Charleston, WV: \_\_\_\_\_

Contact Phone Number for Preparer: \_\_\_\_\_

#### 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.

#### 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.

A SERVICE FEE WILL BE CHARGED FOR ALL RETURNED CHECKS.

TYPE OR PRINT NAME AND TITLE OF PREPARER

X

PREPARER SIGNATURE AND DATE

Empty box for office use only.

# 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. It 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. The amount of fee required to be remitted shall be \$2.00 times the number of calendar weeks ending in such calendar quarter during which the self-employed and/or employee worked in the City as a soleproprietor, member of a firm or as an employee. For example, if the self-employed individual/member/employee works the entire quarter the amount due shall be \$26.00.
5. 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.
6. **Employers must retain Worksheet Form CSF-4 that corresponds to this return.**
7. If your return is postmarked after the due date, you will be sent a letter for penalty and interest due.
8. Please make checks payable to: City of Charleston
9. Mail payments and/or correspondence to: City Collector's Office, 915 Quarrier St. Suite 4, Charleston, WV 25301
10. For further information, please refer to the City Service Fee Administrative Regulations available at [www.cityofcharleston.org](http://www.cityofcharleston.org). If you have any questions, please contact our office at (304) 348-8024 or via email at [citycollector@cityofcharleston.org](mailto:citycollector@cityofcharleston.org).  
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.**