

Refund Claim Form

► See instructions below.
 Please type or print legibly.

1. Enter Employee Information.

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

2. Enter Claim Information.

Employer Name and Identification Number	
Amount of Refund Claimed (cannot exceed \$32.50)	
State all reasons for claim (attach copy of pay stub(s) reflecting fee withheld from pay during period)	

3. Employee Statement:

I hereby request a refund of amounts of the fee withheld as specified. I consent to the Charleston City Collector's verification of information in this form by contacting the Employer named herein or otherwise. Under penalties of perjury, I declare that the foregoing statement is true, correct and complete to the best of my knowledge.

Employee's signature	Date signed
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Instructions for Prior Payment Form

Use this form only if the Employee is claiming a good faith refund of amounts withheld and paid over by the Employer identified. A copy of a pay stub reflecting withholding by the Employer must accompany this form. This form must be filed within 30 days after the fee is paid over to the Charleston City Collector by the Employer that withheld the fee from the Employee. If the Employer remits the fee prior to the due date, then the form must be filed within 30 days after the due date of the remittance. Misuse of this form is prohibited. The Employee must state all reasons supporting the claim in the space indicated (or in an attached sheet) and a copy of all relevant pay stubs must accompany the form. All refund claims shall be timely mailed to the Charleston City Collector, 915 Quarrier St. Suite 4, Charleston, WV 25301. For further information, please refer to the City Service Fee Administrative Regulations available at www.cityofcharleston.org or call the Charleston City Collector's Office at (304)348-8024.

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.