



## Prior Payment Form

Form CSF-1

\*\*See instructions below.

(Rev. 1-2019)

Please type or print legibly.

### Instructions for Prior Payment Form

If you are presently employed at more than one job in the City of Wheeling, and the City Service Fee is currently being withheld by more than one employer, complete this form and give it to your non-primary employer(s). **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 primary (withholding) employer. **Section 4** – This section is to be completed by an authorized representative of your primary (withholding) employer. After this form has been completed in its entirety, it should be given to your non-primary employer(s) and retained by them. After your non-primary employer(s) receive(s) this form, they are no longer required to withhold the fee. **This form should NOT be sent to the City Finance Department.**

### 1. EMPLOYEE Information

Full Name	Employee Identification Number
Mailing Address (number and street)	Phone Number
City, State, ZIP Code	

### 2. EMPLOYEE Statement:

By signing below, I certify that I am presently employed at more than one job in the City of Wheeling, and the City Service Fee is currently being withheld by more than one of my employers. I hereby request that my employer(s) in possession of this form (my non-primary employer(s)) stop withholding the City Service Fee because my primary employer is withholding the fee. I agree to notify my non-primary employer(s) 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 foregoing statement is true, accurate, and complete to the best of my knowledge.

Employee's Signature	Date Signed
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### 3. PRIMARY (WITHHOLDING) EMPLOYER Information

Employer Name	Employer Identification Number
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### 4. PRIMARY (WITHHOLDING) EMPLOYER Acknowledgment

By signing below, I certify that I am duly authorized and designated by the Employer identified 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.

Employer Representative (type or print name)	Employer Representative Signature
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### Privacy Act Statement

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