



CITY SERVICE FEE RETURN

CITY OF WHEELING, WV
 1500 CHAPLINE STREET
 WHEELING, WV 26003

Phone: (304)234-6473 FAX: (304)234-3652

www.wheelingwv.gov

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. 1-2019)

Basis of Computation (choose one)	Weekly <input type="checkbox"/> \$2.00	Bi-Weekly <input type="checkbox"/> \$4.00	Semi-Monthly <input type="checkbox"/> \$4.33	Monthly <input type="checkbox"/> \$8.67
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	A	B	C
	Pay Period or Week Ending Date (CSF-3 Worksheet Column A)	Number of Employees / Self-Employed in Wheeling (CSF-3 Worksheet Column E)	Fee Due (Column B x "Basis of Computation" Rate)
a			
b			
c			
d			
e			
f			
g			
h			
i			
j			
k			
l			
m			
TOTAL FEE DUE			

<input type="checkbox"/> 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. <small>A SERVICE FEE WILL BE CHARGED FOR ALL RETURNED CHECKS</small>	TYPE OR PRINT NAME AND TITLE OF PREPARER X PREPARER'S SIGNATURE AND DATE SIGNATURE REQUIRED

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 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 Wheeling 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 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 check the box at the bottom of the form. Mark through the incorrect information and write the correct information in the open space.
11. Returns received after the due date will be assessed penalties as provided for in Article 797 of the Codified Ordinances of the City of Wheeling. An invoice for penalties will be mailed to you.
12. Please make checks payable to: City of Wheeling
13. Mail payments and/or correspondence to: Finance Department, City of Wheeling, 1500 Chapline Street, Room 115, Wheeling, WV 26003
14. For additional information, please refer to the City Service Fee Administrative Regulations available at www.wheelingwv.gov or call the Wheeling Finance Department at (304)234-6473.

Our office is open daily, Monday through Friday from 8:30 a.m. to 5:00 p.m., except holidays.

Please note that only this remittance form will be accepted. Any changes or modifications to this form, except as provided for in these instructions, will result in the form being returned to you unprocessed.

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.

QUARTER	PERIOD	DUE DATE
1st	January 1 - March 31	April 30
2nd	April 1 - June 30	July 31
3rd	July 1 - September 30	October 31
4th	October 1 - December 31	January 31