



### Refund Claim Form

\*\*See instructions below.  
Please type or print legibly.

Form CSF-4  
(Rev. 1-2019)

#### 1. Enter Employee Information

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

#### 2. Enter Claim Information

Employer Name and Identification Number	
Amount of Refund Claimed (cannot exceed \$26.00)	
State reason(s) for claim. Attach copies of pay stubs or other employer-provided documentation reflecting the fee being 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 Wheeling Finance Director's verification of information in this form by contacting the Employer named herein. Under penalties of perjury, I declare that the foregoing statement is true, correct and complete to the best of my knowledge.

Employee Signature	Date Signed
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#### Instructions for Refund Claim Form

Use this form only if the Employee is claiming a good faith refund of amounts withheld and remitted by the Employer identified. Copies of pay stubs or other employer-provided documentation reflecting withholding by the Employer must accompany this form. This form must be filed within 30 days after the fee is paid to the Wheeling City Finance Department 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 City of Wheeling Finance Department, 1500 Chapline Street, Room 115, Wheeling, WV 26003. For further information, please refer to the City Service Fee Administrative Regulations available at [www.wheelingwv.gov](http://www.wheelingwv.gov) or call the City of Wheeling Finance Department at 304-234-6473.

#### 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.