

VERIFICATION OF CITY SERVICE FEE WITHHOLDING

Check Program: ___ WV IDD ___ ADW ___ TBI

Instructions: Participant/Employers or their Designated Representative must complete this form and submit to Public Partnerships.

As an employer, if you live inside the city limits of Charleston, Fairmont, Huntington, Madison, Morgantown, Parkersburg, Romney or Weirton, you are required to withhold a weekly city service fee from your employee's pay. Public Partnerships will withhold the fee on your behalf and submit payments to the appropriate city.

PARTICIPANT INFORMATION

Participant Name:	Participant ID:	
Participant Physical Address		
<i>Street Address</i>	<i>City/State</i>	<i>Zip Code</i>

PARTICIPANT STATEMENT

I LIVE OUTSIDE THE CITY LIMITS OF:

- | | | | |
|-------------------------------------|--------------------------------------|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairmont | <input type="checkbox"/> Huntington | <input type="checkbox"/> Madison |
| <input type="checkbox"/> Morgantown | <input type="checkbox"/> Parkersburg | <input type="checkbox"/> Romney | <input type="checkbox"/> Weirton |

Public Partnerships: Do not withhold a City Service Fee from my employee; I live outside of the city limits. I will inform Public Partnerships immediately if my living situation changes, which may change my requirements to withhold and remit a city service fee. The above statement is correct and complete to the best of my knowledge.

I LIVE IN THE CITY LIMITS OF:

- | | | | |
|-------------------------------------|--------------------------------------|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairmont | <input type="checkbox"/> Huntington | <input type="checkbox"/> Madison |
| <input type="checkbox"/> Morgantown | <input type="checkbox"/> Parkersburg | <input type="checkbox"/> Romney | <input type="checkbox"/> Weirton |

Public Partnerships: Withhold the City Service Fee from my employee's pay and remit the withholding to the city I selected above. I will notify Public Partnerships immediately if my living situation changes, which may change my requirements to withhold and remit the fee. The above statement is correct and complete to the best of my knowledge.

For more information regarding the applicable weekly withholding amount for your employees, please visit your city's website.

IMPORTANT: As a participant/employer or designated representative, it is your responsibility to notify Public Partnerships if your (participant's/employer's) address changes. Changes will NOT be automatic.

SIGNATURE

PARTICIPANT/REPRESENTATIVE SIGNATURE DATE