

CITY OF CHARLESTON, WV
City Service Fee
Office of the City Collector

Employer Worksheet

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

Form **CSF-4**
(Rev. 12-2015)

Period Ended	Due Date	Number of Employees and Self Employed Persons Included		
Employer Name		Employer's Identification Number		
Mailing Address (number and street)		Phone Number		
City, State, and Zip Code				
Basis of Computation (choose one)	Weekly <input type="checkbox"/> \$2.50	Bi-Weekly <input type="checkbox"/> \$5.00	Semi-Monthly <input type="checkbox"/> \$5.41	Monthly <input type="checkbox"/> \$10.83

	A	B	C	D
	Pay Period or Week Ending Date	Number of Employees in Charleston	Number of Self-Employed in Charleston	Total
a				
b				
c				
d				
e				
f				
g				
h				
i				
j				
k				
l				
m				
X	TOTAL			

By signing below, I attest I have prepared this Employer Worksheet (CSF-4), and it is true and accurate to the best of my ability. I also understand this form is to be retained by the Employer.

Type or Print Name and Title of Preparer	Preparer Signature and Date
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Instructions for Employer Worksheet

This form must be completed based on the Basis of Computation method above chosen by the Employer disclosed on the worksheet, as explained in the administrative regulations. 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. The total in line X, Column D is multiplied by the appropriate rate (depending upon the Basis of Computation withholding method) to determine the total City Service Fee to be remitted for the reporting period. **This form must be signed and retained by the Employer.** For additional information, please refer to the City Service Fee Administrative Regulations available on the city's website at www.cityofcharleston.org, or by calling or emailing the City Collector's Office at (304)348-8024 or citycollector@cityofcharleston.org.