

**CITY OF PARKERSBURG** P.O. Box 1627 Parkersburg, WV 26102  
**CITY SERVICE USER FEE REMITTANCE FORM**

Form CSUF-2  
 Revised 3/12

**Instructions**

1. 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.
2. Self-employed persons who are not members or partners of an Employer, please use this form to remit the amount of City Service User fee due.
3. If an employee worked any or all of a given week, he/she is considered to have worked and therefore must pay the fee.
4. Once the amount due is calculated, complete, sign and date the Remittance Form CSUF-2 and remit with payment to the address listed at the top of this form. Please make checks payable to the City of Parkersburg. **Please do not send cash through the mail nor pay with cash when using our drop box.**
5. If your completed return is received after the due date, you will be sent a notice showing penalty and interest due.
6. Should you need assistance, please call (304) 424-8581.
7. Please refer to the back of the remittance to explain any adjustments to your Total Paid.

**MESSAGE:**

**BILLING PERIOD FROM TO**

Pay Period End Date	Number of Employees in Parkersburg	Number of Self-Employed in Parkersburg	Total Number of Employees	Total Amount Due Per Pay
<b>TOTAL PAID:</b>				

**DUE DATE:** \_\_\_\_\_

(PART 1) COMPLETE AND RETAIN UPPER PORTION FOR YOUR RECORDS.

(PART 2) COMPLETE LOWER PORTION, SIGN AND RETURN WITH PAYMENT MADE PAYABLE TO "CITY OF PARKERSBURG".

**CITY OF PARKERSBURG CITY SERVICE USER FEE REMITTANCE FORM**

P.O. Box 1627, Parkersburg WV 26102 / Phone (304) 424-8581

**BILLING PERIOD FROM TO**

**PROPERTY:** \_\_\_\_\_ **CONTACT PHONE :** \_\_\_\_\_

By signing below, I attest I have prepared this Employer Remittance Form (CSUF-2), and it is true and accurate to the best of my ability. I also understand supporting documentation is to be retained by the Employer for a period of seven years.

<b>Type/Print Name and Title of Preparer</b>	<b>Preparer Signature and Date</b>	
	<b>ACCT #:</b>	
	<b>DUE DATE:</b>	
	<b>TOTAL PAID:</b>	



