



# THE CITY OF ROMNEY

340 EAST MAIN STREET  
ROMNEY, WEST VIRGINIA 26757  
PHONE (304) 822-5118 FAX: (304) 822-5793

May 30, 2015

To All Employers:

Please be advised that the City of Romney Governing Body approved the **Annual Service Fee Ordinance** (copy available upon request, also available at [cityofromney.com](http://cityofromney.com)). This fee will go into effect on **July 1, 2015**; therefore, we are sending this information concerning the withholding and remittance of the fee.

- The Annual Service Fee is to be paid by anyone who is an employer, employee and/or self employed within the city limits of Romney and does not reside within the municipal city limits, does not pay the city user's fee is subject to assessment and collection of the Annual Service Fee. Part-time employees of less than twenty hours per week may seek an exemption upon written application providing verification of such time to the City Administrator.
- Effective **July 1, 2015** every employer shall deduct and withhold from any compensation or income paid to an employee in its employ **One Dollar (\$1.00) per calendar week** of employment within the city. No individual shall pay the fee more than once for the same week of employment regardless of multiple employments.
- Residents of the City of Romney and any other individual who resides at a property that concurrently pays the City User Fee shall not be subject to payment of the annual service fee. Evidence of residency at said property paying the User's Fee must be made to the city by the individual seeking exclusion. Proof of city residency shall be provided by valid driver's license, current voter registration or City of Romney utility bill with an address within the municipal city limits.
- Such fees shall be remitted to the City of Romney on a quarterly basis by the employer not the employee. The employer has a fiduciary duty to the city for the collection of fees which shall be deemed to be held "in trust" for the use and benefit of the city.

- The employer shall furnish to the city a report on the number of employees, status as to full time or part time, dates of employment for each employee every quarter and shall provide supplemental evidence as requested by the city to substantiate such reports. An employer who claims an exemption for an employee shall furnish each quarter a copy of the employee's proof of residency as well as proof that the City User Fee is currently being paid for the property of residence.

Attached you will find an employer worksheet, remittance form, multiple employer verification form, city user fee verification form and employee exemption form. Please copy these forms as needed as they will not be mailed out each quarter. Below is the quarterly schedule for remittance:

|                         |                             |   |
|-------------------------|-----------------------------|---|
| 1 <sup>st</sup> quarter | July, August, September     | Due October 10 <sup>th</sup> of each year |
| 2 <sup>nd</sup> quarter | October, November, December | Due January 10 <sup>th</sup> of each year |
| 3 <sup>rd</sup> quarter | January, February, March    | Due April 10 <sup>th</sup> of each year   |
| 4 <sup>th</sup> quarter | April, May, June            | Due July 10 <sup>th</sup> of each year    |
| Yearly                  | July 1 – June 30            | Due July 10 <sup>th</sup> of each year    |

Thank you for your patience and understanding as we implement the new fee. Should you have questions or comments, please feel free to contact Betty Colebank, City Clerk at 304-822-5118 Ext. 102.

Sincerely  
City of Romney

**CITY OF ROMNEY**, 340 East Main Street, Romney, WV 26757  
**ANNUAL SERVICE FEE REMITTANCE FORM**

Form RASF-1  
 Revised 5/15

EMPLOYER:  
 ADDRESS:

CONTACT PERSON:  
 PHONE NUMBER:

**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 Annual Service Fee due.
3. If an employee worked 20 hours or more 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-1 and remit with payment to the address listed at the top of this form. Please make checks payable to the City of Romney. Please do not send cash through the mail nor pay with cash when using our drop box.
5. Failure to withhold, collect and remit the Annual Service Fee by the due date shall pay a fine of 5% per individual assessed in addition to the service fee owed. Any employer who fails to file required reporting as due shall be considered delinquent and shall pay a fine of 2% per month of delinquency.
6. Should you need assistance, please call (304) 822-5118

**BILLING PERIOD FROM** \_\_\_\_\_ **TO** \_\_\_\_\_

| Pay Period End Date | No. of Non-Resident Employees | No. of Self-Employed Non-Resident Employees | Total Number of Employees | Total Amount Due Per Pay |
|---------------------|-------------------------------|---|---------------------------|--------------------------|
|                     |                               |   |                           |                          |
|                     |                               |   |                           |                          |
|                     |                               |   |                           |                          |
|                     |                               |   |                           |                          |
|                     |                               |   |                           |                          |
|                     |                               |   |                           |                          |
|                     |                               |   |                           |                          |
| <b>TOTAL PAID</b>   |                               |   |                           |                          |

**DUE DATE: 10<sup>TH</sup> DAY OF THE MONTH FOLLOWING THE END OF THE QUARTER**

By signing below, I attest I have prepared this Employer Remittance Form (RAS-1), and it is true and accurate to the best of my ability.

|                                       |                             |
|---------------------------------------|-----------------------------|
| Type/Print Name and Title of Preparer | Preparer Signature and Date |
|---------------------------------------|-----------------------------|

# CITY OF ROMNEY

ANNUAL SERVICE FEE  
Employer Worksheet

Form RASF-2  
Revised 5/15

|                                      |                  |                     |
|--------------------------------------|------------------|---------------------|
| Employer Name                        |                  |                     |
| Period End Date                      | Due Date         |                     |
| Basis of Computation<br>(circle one) | Weekly \$1.00    | Semi-Monthly \$2.17 |
|                                      | Bi-Weekly \$2.00 | Monthly \$4.33      |
|                                      | Yearly \$52.00   |                     |

|                       | A                   | B                             | C   | D                         | E                        |
|-----------------------|---------------------|-------------------------------|---|---------------------------|--------------------------|
|                       | Pay Period End Date | No. of Non-Resident Employees | No. of Self-Employed Non-Resident Employees | Total Number of Employees | Total Amount Due Per Pay |
| a                     |                     |                               |   |                           |                          |
| b                     |                     |                               |   |                           |                          |
| c                     |                     |                               |   |                           |                          |
| d                     |                     |                               |   |                           |                          |
| e                     |                     |                               |   |                           |                          |
| f                     |                     |                               |   |                           |                          |
| g                     |                     |                               |   |                           |                          |
| h                     |                     |                               |   |                           |                          |
| i                     |                     |                               |   |                           |                          |
| j                     |                     |                               |   |                           |                          |
| k                     |                     |                               |   |                           |                          |
| l                     |                     |                               |   |                           |                          |
| X                     | <b>ADJUSTMENTS</b>  |                               |   |                           |                          |
| <b>TOTAL REMITTED</b> |                     |                               |   |                           | <b>\$</b>                |

**Adjustment and other explanations:**

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1. If this worksheet is used for your records, it should be completed according to the Basis of Computation method chosen above by the employer. The dates entered lines "a" through "l" column A should be the ending dates for each weekly, bi-weekly, semi-monthly or monthly pay period as chosen by the employer throughout the entire reporting period.
2. The total in line X, Column D is multiplied by the appropriate rate (depending up on the Basis of Computation withholding method) to determine the total Annual Service Fee to be remitted for the reporting period.

**CITY OF ROMNEY**  
**ANNUAL SERVICE FEE**

**Multiple Employer**  
**Verification Form**

|                             |
|-----------------------------|
| Form RASF-3<br>Revised 5/15 |
|-----------------------------|

Instructions for Multiple Employer Verification Form

If you are presently employed at more than one job in the City of Romney, and the Annual Service Fee is currently being withheld by more than one employer, simply complete this form and give it to your second employer (employer #2). After employee #2 receives this form, they are no longer required to withhold the fee. This form should be retained by the employer #2 and a copy sent to the City of Romney, 340 East Main Street, Romney, WV 26757.

**1. Enter Employee Information (To be completed by the EMPLOYEE)**

|  |  |
|--|--|
| Full Name  | Employee's identification Number/Last 4 Digits of SS # |
| Mailing Address (Number & Street)  | Phone Number   |
| City, State and Zip Code   |  |
| By signing below, I certify that I am presently employed at more than one job in the City of Romney, and the Annual Service Fee is currently being withheld by more than one of my employers. I do hereby request my employer in possession of this form, employer #2; stop withholding the Annual Service Fee because my first employer, employer #1, will withhold the fee. I agree to notify employer #2 immediately should the foregoing statement no longer apply for any reason, including change of employment and/or location of employment. I attest the preceding statement is true, accurate, and complete to the best of my knowledge. |  |
| Employee's Signature   | Date Signed  |

**2. Enter Employer #1 Information**

|   |   |
|---|---|
| <b>(This section is to be completed by your first employer or an authorized representative of your first employer)</b>                                  |   |
| Employer Name   | Employer's Identification Number              |
| By Signing below, I certify that the person named above is currently in my employ and I am currently withholding the Annual Service Fee as appropriate. |   |
| Type or Print Name of Employer or Representative  | Employer or Representative Signature and Date |

**CITY OF ROMNEY**  
**ANNUAL SERVICE FEE**

**Residency**  
**Verification Form**

|                             |
|-----------------------------|
| Form RASF-4<br>Revised 5/15 |
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Instructions for Multiple Employer Verification Form

If you are presently residing at a property that concurrently pays the City User Fee, you shall not be subject to payment of the Annual Service Fee. Evidence of residency at said property paying the City User's Fee must be made. Proof of city residency shall be provided by valid driver's license, current voter registration or City of Romney utility bill with an address within the municipal city limits. (Please attach proof of residency to this form and return to the City of Romney, 340 East Main Street, Romney, WV 26757).

**1. Enter Information for Residency Within the City of Romney (To be completed by the EMPLOYEE)**

|   |                   |
|---|-------------------|
| Full Name   | Property Location |
| Mailing Address (Number & Street)   | Phone Number      |
| City, State and Zip Code  |                   |
| By signing below, I certify that I am presently residing at the above stated location within the City of Romney and that said residence is currently paying the City of Romney User's Fee and that I have provided my proof of residence to be attached to this form. I attest the preceding statement is true, accurate, and complete to the best of my knowledge. |                   |
| Employee's Signature  | Date Signed       |

**2. Enter Employer Information**

|   |   |
|---|---|
| <b>(This section is to be completed by employer or an authorized representative of your employer)</b>   |   |
| Employer Name   | Employer's Identification Number              |
| By Signing below, I certify that the person named above is currently in my employ and he/she is exempt from withholding of the Annual Service Fee because he/she resides at a residence within the City of Romney and this residence is concurrently paying the City of Romney User's Fee |   |
| Type or Print Name of Employer or Representative  | Employer or Representative Signature and Date |

**CITY OF ROMNEY**  
**ANNUAL SERVICE FEE**

**Employee/Employer**  
**Exemption Form**

Form RASF-5  
Revised 5/15

Instructions for Employee Exemption

If an employee/employer feels that they should be exempt from this fee for reasons other than those stated in the Annual Service Fee Ordinance please fill out the form below and present to City Administrator/City Clerk

**1. Enter Employee Information**

|   |                   |
|---|-------------------|
| Full Name   | Property Location |
| Mailing Address (Number & Street)                       | Phone Number      |
| City, State and Zip Code                                |                   |
| Reason for Exemption:                                   |                   |
| I certify that the above statement is true and accurate |                   |
| Employee's Signature                                    | Date Signed       |

**2. Enter Employer Information**

|   |   |
|---|---|
| <b>(This section is to be completed by employer or an authorized representative of your employer)</b> |   |
| Employer Name   | Employer's Identification Number              |
| Type or Print Name of Employer or Representative  | Employer or Representative Signature and Date |