



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

Form RASF-1
 Revised 2/15/22

DUE DATE: 10TH DAY OF THE MONTH
 FOLLOWING THE END OF THE QUARTER

<i>This Section Must Be Completed</i>	
Business Name	Fee Quarter
Contact Name	
Mailing Address	City, State, Zip

Basis of Computation <small>(Choose one)</small>	Weekly \$1.00	Bi-weekly \$2.00	Semi-Monthly \$2.17	Monthly \$4.33	Yearly \$52.00
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	A Pay period or Week Ending Date	B Number of Non-Resident Employees/Self Employed	C Total Number of Employees	D Total Amount Due Per Pay
a				
b				
c				
d				
e				
f				
g				
h				
i				
j				
k				
l				
m				
X	Adjustments			
			Total Due:	

Please Check if Address had Changed	
Under Penalty of Perjury, I Declare that I have examined This Return and to the Best of my Knowledge and Belief, it is True, Correct, and Complete	Type or Print Name and Title of Preparer
	Signature
	Date
Preparer's Signature and Date (Required)	



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Instructions for Annual Service Fee Remittance Form

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 Town 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

Quarter	Period	Due Date
1 st Quarter	January 1 st – March 31 st	April 30 th
2 nd Quarter	April 1 st – June 30 th	July 31 st
3 rd Quarter	July 1 st – September 30 th	October 31 st
4 th Quarter	October 1 st – December 31 st	January 31 st

Instructions for Prior Payment/Residency Exemption Form

1. If you are presently residing at a property that concurrently pays the Town User Fee, you shall not be subject to payment of the Annual Service Fee. Evidence of residency at said property paying the Town User's Fee must be made. Proof of Town residency shall be provided by valid driver's license, current voter registration or Town of Romney utility bill with an address within the municipal Town limits.
2. If you are presently employed at more than one job in the Town of Romney, and the Annual Service Fee is currently being withheld by more than one employer, simply complete the Prior Payment Form (attached) 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 Town of Romney, 340 East Main Street, Romney, WV 26757.
3. 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 Town Clerk.



TOWN OF ROMNEY
340 East Main Street, Romney, WV 26757
Prior Payment Form

Form RASF-3
Revised 2/15/22

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

(This section is to be completed by your first employer or an authorized representative of your first employer)	
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