Public Partnerships LLC PO Box 5157 Charleston, WV 25361 Phone (877) 908-1757 Fax (877) 567-0071



VERIFICATION OF CITY SERVICE FEE WITHHOLDING Check Program: X IDD ___ADW ___TBI

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

As an employer, if you live inside the city limits of Charleston, Fairmont, Huntington, Madison, Morgantown,

	, or Weirton, you are required will withhold the fee on your b				
Participant Name: Participant Physical Address:		Participant ID:			
		City:	State:	tate: Zip Code:	
I LIVE OUTSIDE THE	CITY LIMITS OF:				
☐ Charleston	☐ Fairmont	☐ Huntington	☐ Ma	☐ Madison	
☐ Morgantown	☐ Parkersburg	☐ Romney	□ We	☐ Weirton	
immediately if my livin	Service Fee from my emplo g situation changes, which me e statement is correct and co	nay change my requirements	to withhold and		
I LIVE IN THE CITY L	IMITS OF:				
☐ Charleston	☐ Fairmont	☐ Huntington	☐ Ma	☐ Madison	
☐ Morgantown	☐ Parkersburg	Romney	□ We	eirton	
I will notify PPL immed and remit the fee. The	vice Fee from my employee's diately if my living situation of above statement is correct a regarding the applicable wee	nanges, which may change r and complete to the best of r	ny requirements ny knowledge.	to withhold	
N/A: My addı	ress does NOT require a city	service fee			
	articipant/employer or design oyer) address changes. Chan			notify PPL if	
SIGNATURE					
Particinant/Represen	tative Signature	Dat	Δ		