



VERIFICATION OF CITY SERVICE FEE WITHHOLDING

Check Program: ___IDD ___ADW XTBI

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, Parkersburg, Romney, or Weirton, you are required to withhold a weekly city service fee from your employee's pay. PPL will withhold the fee on your behalf and submit payments to the appropriate city.

Participant Name:	Participant ID:		
Participant Physical Address:	City:	State:	Zip Code:

I LIVE **OUTSIDE** THE CITY LIMITS OF:

- | | | | |
|-------------------------------------|--------------------------------------|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairmont | <input type="checkbox"/> Huntington | <input type="checkbox"/> Madison |
| <input type="checkbox"/> Morgantown | <input type="checkbox"/> Parkersburg | <input type="checkbox"/> Romney | <input type="checkbox"/> Weirton |

Do not withhold a City Service Fee from my employee; I live outside of the city limits. I will inform PPL immediately if my living situation changes, which may change my requirements to withhold and remit a city service fee. The above statement is correct and complete to the best of my knowledge.

I LIVE **IN** THE CITY LIMITS OF:

- | | | | |
|-------------------------------------|--------------------------------------|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Charleston | <input type="checkbox"/> Fairmont | <input type="checkbox"/> Huntington | <input type="checkbox"/> Madison |
| <input type="checkbox"/> Morgantown | <input type="checkbox"/> Parkersburg | <input type="checkbox"/> Romney | <input type="checkbox"/> Weirton |

Withhold the City Service Fee from my employee's pay and remit the withholding to the city I selected above. I will notify PPL immediately if my living situation changes, which may change my requirements to withhold and remit the fee. The above statement is correct and complete to the best of my knowledge. For more information regarding the applicable weekly withholding amount for your employees, please visit your city's website.

N/A: My address does NOT require a city service fee

IMPORTANT: As a participant/employer or designated representative, it is your responsibility to notify PPL if your (participant/employer) address changes. Changes will NOT be done automatically.

SIGNATURE

Participant/Representative Signature

Date