

CITY OF HUNTINGTON, WV
 Ph# 304-696-5969
 Fax 304-696-4448

EMPLOYER
Refund Claim Form
CITY SERVICE FEE

Acct# _____

Employee's Name Due Refund Reason for Refund _____ _____	Employee's Address & Phone #
Employer's Name	Employer's ID or SS #
Amount of Service Fee Refund Requested \$ _____	Employee's Signature _____

List below Periods Taken and Dates Submitted by Employer

Pay Period	Amount	Date Submitted to City

I prepared this Employer Refund Form. It is based upon a corresponding Worksheet retained by the Employer and it is true to the best of my ability.

Type or Print Name and Title	Preparer signature and date
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