



# FINANCE DIVISION

City of Huntington  
**Finance Division**  
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## City Service Fee Employer Exemption Form

According to the City of Huntington Administrative Regulations, the City Service Fee needs to be withheld by only one employer. An employee with multiple employers located in the City may designate a single employer who will deduct and remit the City Service Fee.

**Instructions:** In order to ensure that the fee is being withheld by only one employer, the form below must be completed and submitted to all employers that will not be withholding the City Service Fee. A copy of a recent pay stub showing: a) the City Service Fee being withheld by the designated employer and b) the designated employer's name, must accompany this Employer Exemption Form.

Any change in an employee's job status must be reported to all employers involved. If necessary, a new designated withholding employer should be named and then a new exemption form needs to be given to the non-withholding employers.

**Employer please note:** The City Service Fee is required to be withheld and remitted for all employees for all weeks in which they are employed— regardless of the number of hours worked. For employees that have multiple employers, the employer not withholding the City Service Fee must maintain an employee's Employer Exemption Form for the current calendar year. The exemption form must be accompanied with a copy of a pay stub confirming the withholding by the designated employer.

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I, \_\_\_\_\_, designate my current employer  
(Employee's Name)

\_\_\_\_\_, to withhold and remit my required  
(Withholding Employer's Name)

City Service Fee and have provided a recent pay stub showing the proper withholding by the named employer. Withholding deductions are to be made for every week that I work regardless of the number of hours worked.

I understand that it is my responsibility to notify all employers immediately should my employment end with the above stated designated withholding employer.

I have attached a copy of my pay stub from my withholding employer.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_