CITY OF MADISON, WV
City Service Fee
Office of the Recorder

EMPLOYEER WORKSHEET
*** See Instructions below.
Please type or print legibly.

FORM **CSF**

PERIOD ENDED: _____ **DUE DATE:** _____
NUMBER OF EMPLOYEES INCLUDED: _____
EMPLOYEER NAME: _____
EMPLOYEER IDENTIFICATION NUMBER: _____
MAILING ADDRESS: _____
PHONE NUMBER: _____
CITY, STATE AND ZIP CODE: _____

Basis of Computation (choose one)	**1st Week**	**2nd Week**	**3rd Week**	**Monthly**	**YEARLY**
	$1.25	$2.50	$3.75	$5.00	$60.00

JANUARY – DECEMBER 2017

Pay period or week ending date	Number of employees	TOTAL

By signing below, I attest I have prepared this Employer Worksheet, (CSF) and it is true and accurate to the best of my ability. I also understand this form is to be returned to the Office of the Recorder, City of Madison.

Type or print Name and Title of preparer: _____
Signature and Date: _____