

CITY OF MORGANTOWN, WV.

Municipal Service Fee  
Morgantown Finance Department

# Refund Claim Form

Form **MSF-4**

(11/2015)

► See instructions below.

Please type or print legibly.

## 1. Enter Employee Information.

Full Name	Employee's Identification Number
Mailing Address (number and street)	Phone Number
City, state and ZIP code	

## 2. Enter Claim Information.

Employer Name and Identification Number	
Amount of Refund Claimed (cannot exceed \$39.00 per quarter)	
State all reasons for claim (attach copy of pay stub(s) reflecting fee withheld from pay during period)	

## 3. Employee Statement:

I hereby request a refund of amounts of the fee withheld as specified. I consent to the City of Morgantown Finance Department's verification of information in this form by contacting the Employer named herein or otherwise. Under penalties of perjury, I declare that the foregoing statement is true, correct and complete to the best of my knowledge.

Employee's signature	Date signed
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### Instructions for Prior Payment Form

Use this form only if the Employee is claiming a good faith refund of amounts withheld and paid over by the Employer identified. A copy of a pay stub reflecting withholding by the Employer must accompany this form. This form must be filed within 30 days after the fee is paid over to the City of Morgantown Finance Department by the Employer that withheld the fee from the Employee. If the Employer remits the fee prior to the due date, then the form must be filed within 30 days after the due date of the remittance. Misuse of this form is prohibited. The Employee must state all reasons supporting the claim in the space indicated (or in an attached sheet) and a copy of all relevant pay stubs must accompany the form. All refund claims shall be timely mailed to the City of Morgantown, Finance Department, 389 Spruce Street, Morgantown, WV 26505. For further information, please contact the Finance Department at (304) 284-7417.