

Form W-1 - Employer's Return of Tax Withheld for 2008

Fairfield Income Tax Division 513.867.5327 P

1. Number of Employees _____
2. Payroll subject to Tax \$ _____
3. Tax Liability @ 1.5% (.015) \$ _____
4. Tax Withheld from Wages \$ _____

Federal ID #: _____ Due: 15 days after month end or
Month/Quarter: _____ 30 days after quarter end
Amount Remitted \$ _____ Check #: _____
Make checks payable to: **Fairfield Income Tax**

Signature Date

Remit to:

FAIRFIELD INCOME TAX DIVISION
PO BOX 73852
CLEVELAND OH 44193

Phone Number



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