

Form W-1 – Employer’s Return of Tax Withheld 2009 West Chester JEDD 1 513.867.5327

- 1. Number of Employees _____
- 2. Payroll Subject to Tax \$ _____
- 3. Tax Liability @1.0% (.010) \$ _____
- 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: West Chester JEDD 1 - Income Tax

Remit to: West Chester JEDD 1 - Income Tax
Fairfield Income Tax Division
701 Wessel Dr
Fairfield OH 45014-3611

Signature Date Phone Number
Company Name _____
Address _____
Address _____
City, State Zip _____

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