1Q W-1 Employer’s Quarterly Return of Tax Withheld for 2018

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

Federal ID #: __________
Month/Quarter: JAN-MAR 2018
Amount Remitted: $__________
Check #: __________

Make checks payable to: Fairfield Income Tax

Remit to:
FAIRFIELD INCOME TAX DIVISION
PO BOX 73852
CLEVELAND OH 44193

1Q W-1 Employer’s Quarterly Return of Tax Withheld for 2018

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

Federal ID #: __________
Month/Quarter: APR-JUN 2018
Amount Remitted: $__________
Check #: __________

Make checks payable to: Fairfield Income Tax

Remit to:
FAIRFIELD INCOME TAX DIVISION
PO BOX 73852
CLEVELAND OH 44193

1Q W-1 Employer’s Quarterly Return of Tax Withheld for 2018

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

Federal ID #: __________
Month/Quarter: JUL-SEP 2018
Amount Remitted: $__________
Check #: __________

Make checks payable to: Fairfield Income Tax

Remit to:
FAIRFIELD INCOME TAX DIVISION
PO BOX 73852
CLEVELAND OH 44193
Form W-1 - Employer’s Quarterly Return of Tax Withheld for 2018

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

Federal ID #: __________
Month/Quarter: OCT-DEC 2018
Due: __________

Amount Remitted: $___________
Check #: __________
Make checks payable to: Fairfield Income Tax

Signature: __________
Date: __________

FAIRFIELD INCOME TAX DIVISION
PO BOX 73852
CLEVELAND OH 44193

Phone Number: __________

4Q W-1 Employer’s Quarterly Return of Tax Withheld for 2018

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

Fairfield Income Tax Division 513.867.5327

Due: JAN 31, 2019

Amount Remitted: $___________
Check #: __________
Make checks payable to: Fairfield Income Tax

Signature: __________
Date: __________

FAIRFIELD INCOME TAX DIVISION
PO BOX 73852
CLEVELAND OH 44193

Phone Number: __________

Form W-1 - Employer’s Return of Tax Withheld for 2018

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

Federal ID #: __________
Month/Quarter: __________
Due: __________

Amount Remitted: $___________
Check #: __________
Make checks payable to: Fairfield Income Tax

Signature: __________
Date: __________

FAIRFIELD INCOME TAX DIVISION
PO BOX 73852
CLEVELAND OH 44193

Phone Number: __________

FAIRFIELD INCOME TAX DIVISION
PO BOX 73852
CLEVELAND OH 44193

Phone Number: __________

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CLEVELAND OH 44193