1S W-1 - Employer’s Semi-Monthly Return of Tax Withheld for 2018  Fairfield Income Tax Division  513.867.5327

1. Number of Employees  __________  Federal ID #:  ______
2. Payroll subject to Tax  $ _________  Semi-Month Ending:  JAN 15, 2018  
3. Tax Liability @ 1.5% (.015)  $ _________  Amount Remitted $ _________  Check #: _________  
4. Tax Withheld from Wages  $ _________  Make checks payable to: Fairfield Income Tax  

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

Signature  Date

Due:  JAN 18, 2018

2S W-1 - Employer’s Semi-Monthly Return of Tax Withheld for 2018 Fairfield Income Tax Division  513.867.5327

1. Number of Employees  __________  Federal ID #:  __________  
2. Payroll subject to Tax  $ _________  Semi-Month Ending:  JAN 31, 2018  
3. Tax Liability @ 1.5% (.015)  $ _________  Amount Remitted $ _________  Check #: _________  
4. Tax Withheld from Wages  $ _________  Make checks payable to: Fairfield Income Tax  

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

Signature  Date

Due:  FEB 5, 2018

3S W-1 Employer’s Semi-Monthly Return of Tax Withheld for 2018 Fairfield Income Tax Division  513.867.5327

1. Number of Employees  __________  Federal ID #:  ______
2. Payroll subject to Tax  $ _________  Semi-Month Ending:  FEB 15, 2018  
3. Tax Liability @ 1.5% (.015)  $ _________  Amount Remitted $ _________  Check #: _________  
4. Tax Withheld from Wages  $ _________  Make checks payable to: Fairfield Income Tax  

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

Signature  Date

Due:  FEB 21, 2018

Phone Number
1. Number of Employees ________ Federal ID #:  
2. Payroll subject to Tax $ ___________ Semi-Monthly Ending: **FEB 28, 2018** Due: **MAR 5, 2018**  
3. Tax Liability @ 1.5% (.015) $ ___________ Amount Remitted $ ___________ Check #: ___________  
4. Tax Withheld from Wages $ ___________ Make checks payable to: Fairfield Income Tax  

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

---

1. Number of Employees ________ Federal ID #:  
2. Payroll subject to Tax $ ___________ Semi-Monthly Ending: **MAR 15, 2018** Due: **MAR 20, 2018**  
3. Tax Liability @ 1.5% (.015) $ ___________ Amount Remitted $ ___________ Check #: ___________  
4. Tax Withheld from Wages $ ___________ Make checks payable to: Fairfield Income Tax  

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

---

1. Number of Employees ________ Federal ID #:  
2. Payroll subject to Tax $ ___________ Semi-Monthly Ending: **MAR 30, 2018** Due: **APR 4, 2018**  
3. Tax Liability @ 1.5% (.015) $ ___________ Amount Remitted $ ___________ Check #: ___________  
4. Tax Withheld from Wages $ ___________ Make checks payable to: Fairfield Income Tax  

Remit to:  
FAIRFIELD INCOME TAX DIVISION  
PO BOX 73852  
CLEVELAND OH 44193
7S W-1 Employer’s Semi-Monthly Return of Tax Withheld for 2018  
Fairfield Income Tax Division  513.867.5327

1. Number of Employees  
2. Payroll subject to Tax  $__________  Semi-Monthly Ending: APR 15, 2018 
3. Tax Liability @ 1.5% (.015)  $__________  Amount Remitted  $__________  Check #: ____________  
4. Tax Withheld from Wages  $__________  Make checks payable to: Fairfield Income Tax

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

Signature  
Date
Phone Number

---

8S W-1 Employer’s Semi-Monthly Return of Tax Withheld for 2018  
Fairfield Income Tax Division  513.867.5327

1. Number of Employees  
2. Payroll subject to Tax  $__________  Semi-Monthly Ending: APR 30, 2018 
3. Tax Liability @ 1.5% (.015)  $__________  Amount Remitted  $__________  Check #: ____________  
4. Tax Withheld from Wages  $__________  Make checks payable to: Fairfield Income Tax

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

Signature  
Date
Phone Number

---

9S W-1 Employer’s Semi-Monthly Return of Tax Withheld for 2018  
Fairfield Income Tax Division  513.867.5327

1. Number of Employees  
2. Payroll subject to Tax  $__________  Semi-Monthly Ending: MAY 15, 2018 
3. Tax Liability @ 1.5% (.015)  $__________  Amount Remitted  $__________  Check #: ____________  
4. Tax Withheld from Wages  $__________  Make checks payable to: Fairfield Income Tax

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

Signature  
Date
Phone Number
10S W-1 Employer’s Semi-Monthly Return of Tax Withheld for 2018 Fairfield Income Tax Division 513.867.5327

1. Number of Employees ________ Federal ID #: ________
2. Payroll subject to Tax $ ___________ Semi-Monthly Ending: MAY 31, 2018
3. Tax Liability @ 1.5% (.015) $ ___________ Amount Remitted $ ___________ Check #: ___________
4. Tax Withheld from Wages $ ___________ Make checks payable to: Fairfield Income Tax

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

Signature Date

11S W-1 - Employer’s Semi-Monthly Return of Tax Withheld for 2018 Fairfield Income Tax Division 513.867.5327

1. Number of Employees ________ Federal ID #: ________
2. Payroll subject to Tax $ ___________ Semi-Monthly Ending: JUN 15, 2018
3. Tax Liability @ 1.5% (.015) $ ___________ Amount Remitted $ ___________ Check #: ___________
4. Tax Withheld from Wages $ ___________ Make checks payable to: Fairfield Income Tax

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

Signature Date

12S Form W-1 - Employer’s Semi-Monthly Return of Tax Withheld for 2018 Fairfield Income Tax Division 513.867.5327

1. Number of Employees ________ Federal ID #: ________
2. Payroll subject to Tax $ ___________ Semi-Monthly Ending: JUN 30, 2018
3. Tax Liability @ 1.5% (.015) $ ___________ Amount Remitted $ ___________ Check #: ___________
4. Tax Withheld from Wages $ ___________ Make checks payable to: Fairfield Income Tax

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

Signature Date

Phone Number
13S W-1 - Employer’s Semi-Monthly Return of Tax Withheld for 2018

1. Number of Employees ________ Federal ID #: 
2. Payroll subject to Tax $ __________ Semi-Monthly Ending: JUL 15, 2018 Due: JUL 18, 2018
3. Tax Liability @ 1.5% (.015) $ __________ Amount Remitted $ __________ Check #: __________
4. Tax Withheld from Wages $ __________

Make checks payable to: Fairfield Income Tax

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

14S W-1 - Employer’s Semi-Monthly Return of Tax Withheld for 2018

1. Number of Employees ________ Federal ID #: 
2. Payroll subject to Tax $ __________ Semi-Monthly Ending: JUL 31, 2018 Due: AUG 3, 2018
3. Tax Liability @ 1.5% (.015) $ __________ Amount Remitted $ __________ Check #: __________
4. Tax Withheld from Wages $ __________

Make checks payable to: Fairfield Income Tax

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

15S W-1 Employer’s Semi-Monthly Return of Tax Withheld for 2018

1. Number of Employees ________ Federal ID #: 
2. Payroll subject to Tax $ __________ Semi-Monthly Ending: AUG 15, 2018 Due: AUG 20, 2018
3. Tax Liability @ 1.5% (.015) $ __________ Amount Remitted $ __________ Check #: __________
4. Tax Withheld from Wages $ __________

Make checks payable to: Fairfield Income Tax

Remit to:
FAIRFIELD INCOME TAX DIVISION
PO BOX 73852
CLEVELAND OH 44193
16S W-1 Employer’s Semi-Monthly Return of Tax Withheld for 2018

1. Number of Employees: ________
2. Payroll subject to Tax: $__________  Semi-Monthly Ending: AUG 31, 2018  Due: SEP 6, 2018
3. Tax Liability @ 1.5% (.015): $__________  Amount Remitted: $__________  Check #: __________
4. Tax Withheld from Wages: $__________  Make checks payable to: Fairfield Income Tax

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

Signature  Date
Phone Number

17S W-1 Employer’s Semi-Monthly Return of Tax Withheld for 2018

1. Number of Employees: ________
2. Payroll subject to Tax: $__________  Semi-Monthly Ending: SEP 15, 2018  Due: SEP 19, 2018
3. Tax Liability @ 1.5% (.015): $__________  Amount Remitted: $__________  Check #: __________
4. Tax Withheld from Wages: $__________  Make checks payable to: Fairfield Income Tax

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

Signature  Date
Phone Number

18S W-1 Employer’s Semi-Monthly Return of Tax Withheld for 2018

1. Number of Employees: ________
2. Payroll subject to Tax: $__________  Semi-Monthly Ending: SEP 30, 2018  Due: OCT 3, 2018
3. Tax Liability @ 1.5% (.015): $__________  Amount Remitted: $__________  Check #: __________
4. Tax Withheld from Wages: $__________  Make checks payable to: Fairfield Income Tax

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

Signature  Date
Phone Number
<table>
<thead>
<tr>
<th>Page</th>
<th>Employer's Semi-Monthly Return of Tax Withheld for 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>19S</td>
<td>1. Number of Employees: ________ Federal ID #:</td>
</tr>
<tr>
<td></td>
<td>2. Payroll subject to Tax: $ __________ Semi-Monthly Ending:</td>
</tr>
<tr>
<td></td>
<td>3. Tax Liability @ 1.5% (.015): $ __________ Amount Remitted: $ __________ Check #: __________</td>
</tr>
<tr>
<td></td>
<td>4. Tax Withheld from Wages: $ __________ Remit to: FAIRFIELD INCOME TAX DIVISION</td>
</tr>
<tr>
<td></td>
<td>PO BOX 73852 CLEVELAND OH 44193</td>
</tr>
<tr>
<td></td>
<td>Make checks payable to: Fairfield Income Tax</td>
</tr>
<tr>
<td></td>
<td>Signature Date Phone Number</td>
</tr>
<tr>
<td>20S</td>
<td>1. Number of Employees: ________ Federal ID #:</td>
</tr>
<tr>
<td></td>
<td>2. Payroll subject to Tax: $ __________ Semi-Monthly Ending:</td>
</tr>
<tr>
<td></td>
<td>3. Tax Liability @ 1.5% (.015): $ __________ Amount Remitted: $ __________ Check #: __________</td>
</tr>
<tr>
<td></td>
<td>4. Tax Withheld from Wages: $ __________ Remit to: FAIRFIELD INCOME TAX DIVISION</td>
</tr>
<tr>
<td></td>
<td>PO BOX 73852 CLEVELAND OH 44193</td>
</tr>
<tr>
<td></td>
<td>Make checks payable to: Fairfield Income Tax</td>
</tr>
<tr>
<td></td>
<td>Signature Date Phone Number</td>
</tr>
<tr>
<td>21S</td>
<td>1. Number of Employees: ________ Federal ID #:</td>
</tr>
<tr>
<td></td>
<td>2. Payroll subject to Tax: $ __________ Semi-Monthly Ending:</td>
</tr>
<tr>
<td></td>
<td>3. Tax Liability @ 1.5% (.015): $ __________ Amount Remitted: $ __________ Check #: __________</td>
</tr>
<tr>
<td></td>
<td>4. Tax Withheld from Wages: $ __________ Remit to: FAIRFIELD INCOME TAX DIVISION</td>
</tr>
<tr>
<td></td>
<td>PO BOX 73852 CLEVELAND OH 44193</td>
</tr>
<tr>
<td></td>
<td>Make checks payable to: Fairfield Income Tax</td>
</tr>
<tr>
<td></td>
<td>Signature Date Phone Number</td>
</tr>
</tbody>
</table>
22S W-1 Employer’s Semi-Monthly Return of Tax Withheld for 2018

Fairfield Income Tax Division  513.867.5327

1. Number of Employees ________ Federal ID #:  
2. Payroll subject to Tax $ ___________ Semi-Monthly Ending: NOV 30, 2018 Due: DEC 5, 2018  
3. Tax Liability @ 1.5% (.015) $ ___________ Amount Remitted $ ___________ Check #: ___________  
4. Tax Withheld from Wages $ ___________ Make checks payable to: Fairfield Income Tax  

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

Signature          Date

Phone Number

23S W-1 - Employer’s Semi-Monthly Return of Tax Withheld for 2018

Fairfield Income Tax Division  513.867.5327

1. Number of Employees ________ Federal ID #:  
2. Payroll subject to Tax $ ___________ Semi-Monthly Ending: DEC 15, 2018 Due: DEC 19, 2018  
3. Tax Liability @ 1.5% (.015) $ ___________ Amount Remitted $ ___________ Check #: ___________  
4. Tax Withheld from Wages $ ___________ Make checks payable to: Fairfield Income Tax  

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

Signature          Date

Phone Number

24S Form W-1 - Employer’s Semi-Monthly Return of Tax Withheld for 2018

Fairfield Income Tax Division  513.867.5327

1. Number of Employees ________ Federal ID #:  
2. Payroll subject to Tax $ ___________ Semi-Monthly Ending: DEC 31, 2018 Due: JAN 5, 2019  
3. Tax Liability @ 1.5% (.015) $ ___________ Amount Remitted $ ___________ Check #: ___________  
4. Tax Withheld from Wages $ ___________ Make checks payable to: Fairfield Income Tax  

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

Signature          Date

Phone Number