1Q W-1 Employer’s Quarterly Return of Tax Withheld for 2019

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 2019
Due: APR 15, 2019

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

Signature ____________________ Date __________

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

2Q W-1 Employer’s Quarterly Return of Tax Withheld for 2019

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 2019
Due: JUL 15, 2019

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

Signature ____________________ Date __________

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

3Q W-1 Employer’s Quarterly Return of Tax Withheld for 2019

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 2019
Due: OCT 15, 2019

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

Signature ____________________ Date __________

Remit to:
FAIRFIELD INCOME TAX DIVISION
PO BOX 73852
CLEVELAND OH 44193
4Q W-1 Employer’s Quarterly Return of Tax Withheld for 2019

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

Federal ID #: __________________
Month/Quarter: __________

Amount Remitted $ __________
Check #: __________

Make checks payable to: Fairfield Income Tax

Remit to: Fairfield Income Tax Division
PO Box 73852
Cleveland OH 44193

FAIRFIELD INCOME TAX DIVISION
PO BOX 73852
CLEVELAND OH 44193

Due: __________________

Signature __________________ Date __________

Phone Number __________________

Form W-1 - Employer’s Return of Tax Withheld for 2019

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

Federal ID #: __________________
Month/Quarter: __________

Amount Remitted $ __________
Check #: __________

Make checks payable to: Fairfield Income Tax

Remit to: Fairfield Income Tax Division
PO Box 73852
Cleveland OH 44193

FAIRFIELD INCOME TAX DIVISION
PO BOX 73852
CLEVELAND OH 44193

Due: __________________

Signature __________________ Date __________

Phone Number __________________

Form W-1 - Employer’s Return of Tax Withheld for 2019

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

Federal ID #: __________________
Month/Quarter: __________

Amount Remitted $ __________
Check #: __________

Make checks payable to: Fairfield Income Tax

Remit to: Fairfield Income Tax Division
PO Box 73852
Cleveland OH 44193

FAIRFIELD INCOME TAX DIVISION
PO BOX 73852
CLEVELAND OH 44193

Due: __________________

Signature __________________ Date __________

Phone Number __________________