Form W-1 - Employer’s Return of Tax Withheld for 2017
Fairfield Income Tax Division  513.867.5327

1. Number of Employees ________ Federal ID #: Due: FEB 15, 2017
2. Payroll subject to Tax $ _______________ Month/Quarter: JAN 2017
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

Form W-1 - Employer’s Return of Tax Withheld for 2017
Fairfield Income Tax Division  513.867.5327

1. Number of Employees ________ Federal ID #: Due: MAR 15, 2017
2. Payroll subject to Tax $ _______________ Month/Quarter: FEB 2017
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

Form W-1 - Employer’s Return of Tax Withheld for 2017
Fairfield Income Tax Division  513.867.5327

1. Number of Employees ________ Federal ID #: Due: APR 18, 2017
2. Payroll subject to Tax $ _______________ Month/Quarter: MAR 2017
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
Form W-1 - Employer’s Return of Tax Withheld for 2017

1. Number of Employees ________ Federal ID #: 
2. Payroll subject to Tax $ _______________ Month/Quarter: APR 2017 Due: MAY 16, 2017
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

Form W-1 - Employer’s Return of Tax Withheld for 2017

1. Number of Employees ________ Federal ID #: 
2. Payroll subject to Tax $ _______________ Month/Quarter: MAY 2017 Due: JUN 15, 2017
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

Form W-1 - Employer’s Return of Tax Withheld for 2017

1. Number of Employees ________ Federal ID #: 
2. Payroll subject to Tax $ _______________ Month/Quarter: JUN 2017 Due: JUL 15, 2017
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
1. Number of Employees ________ Federal ID #: 
2. Payroll subject to Tax $ ____________ Month/Quarter: JUL 2017 Due: AUG 15, 2017
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

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1. Number of Employees ________ Federal ID #: 
2. Payroll subject to Tax $ ____________ Month/Quarter: AUG 2017 Due: SEP 15, 2017
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

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1. Number of Employees ________ Federal ID #: 
2. Payroll subject to Tax $ ____________ Month/Quarter: SEP 2017 Due: OCT 17, 2017
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
Form W-1 - Employer's Return of Tax Withheld for 2017

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 2017

Due: NOV 15, 2017

Amount Remitted $__________
Check #: ____________

Make checks payable to: Fairfield Income Tax

Signature ____________________________ Date ____________

Phone Number ________________________

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

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CLEVELAND OH 44193

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