<table>
<thead>
<tr>
<th>Number of Employees</th>
<th>Federal ID #:</th>
<th>Due:</th>
<th>Month/Quarter:</th>
<th>Tax Liability @ 1.5% (.015)</th>
<th>Amount Remitted</th>
<th>Check #:</th>
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</tbody>
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Remit to:

FAIRFIELD INCOME TAX DIVISION
PO BOX 73852
CLEVELAND OH 44193

FAIRFIELD INCOME TAX DIVISION
PO BOX 73852
CLEVELAND OH 44193

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 ________ Federal ID #: ________
2. Payroll subject to Tax $ ____________  
   Month/Quarter: ________
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

FAIRFIELD INCOME TAX DIVISION
PO BOX 73852
CLEVELAND OH 44193-0002

FAIRFIELD INCOME TAX DIVISION
PO BOX 73852
CLEVELAND OH 44193-0002

JAN
31, 2018
OCT-NOV-DEC 2017