FORM F-W3

CITY OF FAIRFIELD
INCOME TAX DIVISION
701 WESSEL DR
FAIRFIELD, OH 45014-3611
PH. (513) 867-5327

CITY OF FAIRFIELD ANNUAL RECONCILIATION RETURN

Due: 2/28/2020

W-2/CD MUST BE ATTACHED
FOR TAX YEAR ENDING 2019

NAME: FID:

PAYMENT ENCLOSED ☐

REFUND REQUESTED ☐

ALL SECTIONS MUST BE COMPLETED

REMITTANCES

		TAXABLE WAGES	WITHHOLDING
1.	JANUARY		
2.	FEBRUARY		
3.	MARCH		
	TOTAL 1ST QTR		
4.	APRIL		
5.	MAY		
6.	JUNE		
	TOTAL 2ND QTR		
7.	JULY		
8.	AUGUST		
9.	SEPTEMBER		
	TOTAL 3RD QTR		
10.	OCTOBER		
11.	NOVEMBER		
12.	DECEMBER		
	TOTAL 4TH QTR		

13. TOTAL NUMBER OF FAIRFIELD W-2S **(W-2S REQUIRED TO BE SUBMITTED ELECTRONICALLY ON CD OR DVD)** ..... # _____
☐ OR EXCEPTION REQUESTED (ATTACH EXPLANATION)

14. FAIRFIELD WAGES SUBJECT TO WITHHOLDING TAX..... _____

15. TOTAL WITHHOLDING LIABILITY (1.5% OF LINE 14) ..... _____

16. AMOUNT OF WORKPLACE TAX WITHHELD ..... _____

17. AMOUNT OF RESIDENCE TAX WITHHELD (COURTESY WITHHOLDING) ..... _____

18. REMITTANCES (AMOUNTS FROM REMITTANCE SECTION)

1ST QTR ..... _____

2ND QTR ..... _____

3RD QTR ..... _____

4TH QTR ..... _____

TOTAL (ADD QUARTERS 1 THROUGH 4 FOR TOTAL REMITTANCES)..... _____

19. BALANCE DUE (LINE 15 LESS LINE 18)..... _____

Make checks payable to FAIRFIELD INCOME TAX

20. OVERPAYMENT (LINE 18 LESS LINE 15)..... _____

CREDIT TO NEXT YEAR_____ REFUND _____

I HEREBY CERTIFY THAT THE INFORMATION AND STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT.

SIGNATURE _____ PRINTED NAME & TITLE _____ DATE _____

PHONE NUMBER _____

FOR OFFICE USE ONLY

☐ W2 processed