

City of Fairfield RETURN OF INCOME TAX WITHHELD

Tax Rate: 1.50%

Account #:
FEIN:

Printed Name of Responsible Party _____

COURTESY WITHHOLDING
ONLY INDICATE QUARTER
REPORTED:

Signature of Responsible Party _____ Date _____

Phone: _____ E-Mail: _____

Remit form and payment to:
City of Fairfield
PO BOX 1543
Fairfield, OH 45014

Withholding Period JAN-MAR	Due Date 04/30/2021
1. Gross Compensation Subject to Withholding	\$
2. Tax Withheld during Period	\$
3. Adjustment to Prior Period	\$
4. Penalty	\$
5. Interest	\$
6. TOTAL DUE	\$

Number of employees during _____ FORM TW-1

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REPORTED:

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Phone: _____ E-Mail: _____

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Fairfield, OH 45014

Withholding Period APR-JUN	Due Date 07/31/2021
1. Gross Compensation Subject to Withholding	\$
2. Tax Withheld during Period	\$
3. Adjustment to Prior Period	\$
4. Penalty	\$
5. Interest	\$
6. TOTAL DUE	\$

Number of employees during _____ FORM TW-1

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Fairfield, OH 45014

Withholding Period JUL-SEPT	Due Date 10/31/2021
1. Gross Compensation Subject to Withholding	\$
2. Tax Withheld during Period	\$
3. Adjustment to Prior Period	\$
4. Penalty	\$
5. Interest	\$
6. TOTAL DUE	\$

Number of employees during _____ FORM TW-1

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Withholding Period OCT-DEC	Due Date 01/31/2022
1. Gross Compensation Subject to Withholding	\$
2. Tax Withheld during Period	\$
3. Adjustment to Prior Period	\$
4. Penalty	\$
5. Interest	\$
6. TOTAL DUE	\$

Number of employees during _____ FORM TW-1