

City of Fairfield RETURN OF INCOME TAX WITHHELD

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

Tax Rate: 1.50%

Account #:
FEIN: _____

Withholding Period 1/15/2021	Due Date 01/21/2021
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

City of Fairfield RETURN OF INCOME TAX WITHHELD

Printed Name of Responsible Party _____

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ONLY INDICATE QUARTER
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Signature of Responsible Party _____ Date _____

Phone: _____ E-Mail: _____

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

Tax Rate: 1.50%

Account #:
FEIN: _____

Withholding Period 1/31/2021	Due Date 02/03/2021
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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Printed Name of Responsible Party _____

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ONLY INDICATE QUARTER
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Signature of Responsible Party _____ Date _____

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

Tax Rate: 1.50%

Account #:
FEIN: _____

Withholding Period 2/15/2021	Due Date 02/18/2021
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

City of Fairfield RETURN OF INCOME TAX WITHHELD

Printed Name of Responsible Party _____

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ONLY INDICATE QUARTER
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Signature of Responsible Party _____ Date _____

Phone: _____ E-Mail: _____

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

Tax Rate: 1.50%

Account #:
FEIN: _____

Withholding Period 2/28/2021	Due Date 03/03/2021
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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Printed Name of Responsible Party

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Signature of Responsible Party Date

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 City of Fairfield
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 Fairfield, OH 45014

Tax Rate: 1.50%

Account #:
FEIN:

Withholding Period 3/15/2021	Due Date 03/18/2021
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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Printed Name of Responsible Party

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ONLY INDICATE QUARTER
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Signature of Responsible Party Date

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 City of Fairfield
 PO BOX 1543
 Fairfield, OH 45014

Tax Rate: 1.50%

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FEIN:

Withholding Period 3/31/2021	Due Date 04/06/2021
1. Gross Compensation Subject to Withholding	\$
2. Tax Withheld during Period	\$
3. Adjustment to Prior Period	\$
4. Penalty	\$
5. Interest	\$
6. TOTAL DUE	\$

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Printed Name of Responsible Party

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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

Tax Rate: 1.50%

Account #:
FEIN:

Withholding Period 4/15/2021	Due Date 04/20/2021
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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Printed Name of Responsible Party

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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

Tax Rate: 1.50%

Account #:
FEIN:

Withholding Period 4/30/2021	Due Date 05/05/2021
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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Printed Name of Responsible Party _____

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REPORTED:

Signature of Responsible Party _____ Date _____

Phone: _____ E-Mail: _____

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

Tax Rate: 1.50%

Account #:
FEIN:

Withholding Period 5/15/2021	Due Date 05/19/2021
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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Signature of Responsible Party _____ Date _____

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 Fairfield, OH 45014

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Account #:
FEIN:

Withholding Period 5/31/2021	Due Date 06/03/2021
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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Signature of Responsible Party _____ Date _____

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 PO BOX 1543
 Fairfield, OH 45014

Tax Rate: 1.50%

Account #:
FEIN:

Withholding Period 6/15/2021	Due Date 06/18/2021
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:

Signature of Responsible Party _____ Date _____

Phone: _____ E-Mail: _____

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 City of Fairfield
 PO BOX 1543
 Fairfield, OH 45014

Tax Rate: 1.50%

Account #:
FEIN:

Withholding Period 6/30/2021	Due Date 07/06/2021
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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Printed Name of Responsible Party _____

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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

Tax Rate: 1.50%

Account #:
FEIN:

Withholding Period 7/15/2021	Due Date 07/20/2021
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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Printed Name of Responsible Party _____

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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

Tax Rate: 1.50%

Account #:
FEIN:

Withholding Period 7/31/2021	Due Date 08/04/2021
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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Printed Name of Responsible Party _____

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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

Tax Rate: 1.50%

Account #:
FEIN:

Withholding Period 8/15/2021	Due Date 08/18/2021
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

Tax Rate: 1.50%

Account #:
FEIN:

Withholding Period 8/31/2021	Due Date 09/03/2021
1. Gross Compensation Subject to Withholding	\$
2. Tax Withheld during Period	\$
3. Adjustment to Prior Period	\$
4. Penalty	\$
5. Interest	\$
6. TOTAL DUE	\$

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Tax Rate: 1.50%

Account #:
FEIN: _____

Withholding Period 9/15/2021	Due Date 09/20/2021
1. Gross Compensation Subject to Withholding	\$ _____
2. Tax Withheld during Period	\$ _____
3. Adjustment to Prior Period	\$ _____
4. Penalty	\$ _____
5. Interest	\$ _____
6. TOTAL DUE	\$ _____

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Account #:
FEIN: _____

Withholding Period 9/30/2021	Due Date 10/05/2021
1. Gross Compensation Subject to Withholding	\$ _____
2. Tax Withheld during Period	\$ _____
3. Adjustment to Prior Period	\$ _____
4. Penalty	\$ _____
5. Interest	\$ _____
6. TOTAL DUE	\$ _____

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Tax Rate: 1.50%

Account #:
FEIN: _____

Withholding Period 10/15/2021	Due Date 10/20/2021
1. Gross Compensation Subject to Withholding	\$ _____
2. Tax Withheld during Period	\$ _____
3. Adjustment to Prior Period	\$ _____
4. Penalty	\$ _____
5. Interest	\$ _____
6. TOTAL DUE	\$ _____

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Account #:
FEIN: _____

Withholding Period 10/31/2021	Due Date 11/03/2021
1. Gross Compensation Subject to Withholding	\$ _____
2. Tax Withheld during Period	\$ _____
3. Adjustment to Prior Period	\$ _____
4. Penalty	\$ _____
5. Interest	\$ _____
6. TOTAL DUE	\$ _____

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Account #:
FEIN:

Withholding Period 11/15/2021	Due Date 11/18/2021
1. Gross Compensation Subject to Withholding	\$
2. Tax Withheld during Period	\$
3. Adjustment to Prior Period	\$
4. Penalty	\$
5. Interest	\$
6. TOTAL DUE	\$

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 Fairfield, OH 45014

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Account #:
FEIN:

Withholding Period 11/30/2021	Due Date 12/03/2021
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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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

Tax Rate: 1.50%

Account #:
FEIN:

Withholding Period 12/15/2021	Due Date 12/20/2021
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

City of Fairfield RETURN OF INCOME TAX WITHHELD

Printed Name of Responsible Party _____

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REPORTED:

Signature of Responsible Party _____ Date _____

Phone: _____ E-Mail: _____

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

Tax Rate: 1.50%

Account #:
FEIN:

Withholding Period 12/31/2021	Due Date 01/05/2022
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