

**City of Fairfield RETURN OF INCOME TAX WITHHELD**COMPANY NAME \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_COURTESY WITHHOLDING  
ONLY INDICATE QUARTER  
REPORTED: ☐

Printed Name of Responsible Party \_\_\_\_\_

Signature of Responsible Party \_\_\_\_\_

Date \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Remit form and payment to:

City of Fairfield  
PO Box 181543  
Fairfield, OH 45018

Tax Rate: 1.50%

Account #: \_\_\_\_\_  
FEIN: \_\_\_\_\_

Withholding Period 1/15/2023	Due Date 01/19/2023
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 period \_\_\_\_\_ FORM TW-1

**City of Fairfield RETURN OF INCOME TAX WITHHELD**COMPANY NAME \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_COURTESY WITHHOLDING  
ONLY INDICATE QUARTER  
REPORTED: ☐

Printed Name of Responsible Party \_\_\_\_\_

Signature of Responsible Party \_\_\_\_\_

Date \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Remit form and payment to:

City of Fairfield  
PO Box 181543  
Fairfield, OH 45018

Tax Rate: 1.50%

Account #: \_\_\_\_\_  
FEIN: \_\_\_\_\_

Withholding Period 1/31/2023	Due Date 02/03/2023
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 period \_\_\_\_\_ FORM TW-1

**City of Fairfield RETURN OF INCOME TAX WITHHELD**COMPANY NAME \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_COURTESY WITHHOLDING  
ONLY INDICATE QUARTER  
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Printed Name of Responsible Party \_\_\_\_\_

Signature of Responsible Party \_\_\_\_\_

Date \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Remit form and payment to:

City of Fairfield  
PO Box 181543  
Fairfield, OH 45018

Tax Rate: 1.50%

Account #: \_\_\_\_\_  
FEIN: \_\_\_\_\_

Withholding Period 2/15/2023	Due Date 02/21/2023
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 period \_\_\_\_\_ FORM TW-1

**City of Fairfield RETURN OF INCOME TAX WITHHELD**COMPANY NAME \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_COURTESY WITHHOLDING  
ONLY INDICATE QUARTER  
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Printed Name of Responsible Party \_\_\_\_\_

Signature of Responsible Party \_\_\_\_\_

Date \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Remit form and payment to:

City of Fairfield  
PO Box 181543  
Fairfield, OH 45018

Tax Rate: 1.50%

Account #: \_\_\_\_\_  
FEIN: \_\_\_\_\_

Withholding Period 2/28/2023	Due Date 03/03/2023
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 period \_\_\_\_\_ FORM TW-1

**City of Fairfield RETURN OF INCOME TAX WITHHELD**COMPANY NAME \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
\_\_\_\_\_COURTESY WITHHOLDING  
ONLY INDICATE QUARTER  
REPORTED: ☐

Printed Name of Responsible Party \_\_\_\_\_

Signature of Responsible Party \_\_\_\_\_ Date \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Remit form and payment to:

City of Fairfield  
PO Box 181543  
Fairfield, OH 45018

Tax Rate: 1.50%

Account #: \_\_\_\_\_

FEIN: \_\_\_\_\_

Withholding Period 3/15/2023	Due Date 03/20/2023
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 period \_\_\_\_\_ FORM TW-1

**City of Fairfield RETURN OF INCOME TAX WITHHELD**COMPANY NAME \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
\_\_\_\_\_COURTESY WITHHOLDING  
ONLY INDICATE QUARTER  
REPORTED: ☐

Printed Name of Responsible Party \_\_\_\_\_

Signature of Responsible Party \_\_\_\_\_ Date \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Remit form and payment to:

City of Fairfield  
PO Box 181543  
Fairfield, OH 45018

Tax Rate: 1.50%

Account #: \_\_\_\_\_

FEIN: \_\_\_\_\_

Withholding Period 3/31/2023	Due Date 04/05/2023
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 period \_\_\_\_\_ FORM TW-1

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MAILING ADDRESS \_\_\_\_\_  
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Printed Name of Responsible Party \_\_\_\_\_

Signature of Responsible Party \_\_\_\_\_ Date \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Remit form and payment to:

City of Fairfield  
PO Box 181543  
Fairfield, OH 45018

Tax Rate: 1.50%

Account #: \_\_\_\_\_

FEIN: \_\_\_\_\_

Withholding Period 4/15/2023	Due Date 04/19/2023
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 period \_\_\_\_\_ FORM TW-1

**City of Fairfield RETURN OF INCOME TAX WITHHELD**COMPANY NAME \_\_\_\_\_  
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Signature of Responsible Party \_\_\_\_\_ Date \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Remit form and payment to:

City of Fairfield  
PO Box 181543  
Fairfield, OH 45018

Tax Rate: 1.50%

Account #: \_\_\_\_\_

FEIN: \_\_\_\_\_

Withholding Period 4/30/2023	Due Date 05/03/2023
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 period \_\_\_\_\_ FORM TW-1

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Signature of Responsible Party \_\_\_\_\_

Date \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Remit form and payment to:

City of Fairfield  
PO Box 181543  
Fairfield, OH 45018

Tax Rate: 1.50%

Account #: \_\_\_\_\_

FEIN: \_\_\_\_\_

Withholding Period 5/15/2023	Due Date 05/18/2023
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 period \_\_\_\_\_ FORM TW-1

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Signature of Responsible Party \_\_\_\_\_

Date \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Remit form and payment to:

City of Fairfield  
PO Box 181543  
Fairfield, OH 45018

Tax Rate: 1.50%

Account #: \_\_\_\_\_

FEIN: \_\_\_\_\_

Withholding Period 5/31/2023	Due Date 06/05/2023
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 period \_\_\_\_\_ FORM TW-1

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REPORTED: ☐

Printed Name of Responsible Party \_\_\_\_\_

Signature of Responsible Party \_\_\_\_\_

Date \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Remit form and payment to:

City of Fairfield  
PO Box 181543  
Fairfield, OH 45018

Tax Rate: 1.50%

Account #: \_\_\_\_\_

FEIN: \_\_\_\_\_

Withholding Period 6/15/2023	Due Date 06/20/2023
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 period \_\_\_\_\_ FORM TW-1

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Printed Name of Responsible Party \_\_\_\_\_

Signature of Responsible Party \_\_\_\_\_

Date \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Remit form and payment to:

City of Fairfield  
PO Box 181543  
Fairfield, OH 45018

Tax Rate: 1.50%

Account #: \_\_\_\_\_

FEIN: \_\_\_\_\_

Withholding Period 6/30/2023	Due Date 07/06/2023
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 period \_\_\_\_\_ FORM TW-1

City of Fairfield RETURN OF INCOME TAX WITHHELD

COMPANY NAME \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
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COURTESY WITHHOLDING  
ONLY INDICATE QUARTER  
REPORTED: ☐

Printed Name of Responsible Party \_\_\_\_\_  
Signature of Responsible Party \_\_\_\_\_ Date \_\_\_\_\_  
Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Remit form and payment to:  
City of Fairfield  
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Fairfield, OH 45018

Tax Rate: 1.50% Account #: \_\_\_\_\_  
FEIN: \_\_\_\_\_

Withholding Period 7/15/2023	Due Date 07/19/2023
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 period \_\_\_\_\_ FORM TW-1

City of Fairfield RETURN OF INCOME TAX WITHHELD

COMPANY NAME \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
\_\_\_\_\_

COURTESY WITHHOLDING  
ONLY INDICATE QUARTER  
REPORTED: ☐

Printed Name of Responsible Party \_\_\_\_\_  
Signature of Responsible Party \_\_\_\_\_ Date \_\_\_\_\_  
Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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Tax Rate: 1.50% Account #: \_\_\_\_\_  
FEIN: \_\_\_\_\_

Withholding Period 7/31/2023	Due Date 08/03/2023
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 period \_\_\_\_\_ FORM TW-1

City of Fairfield RETURN OF INCOME TAX WITHHELD

COMPANY NAME \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
\_\_\_\_\_

COURTESY WITHHOLDING  
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REPORTED: ☐

Printed Name of Responsible Party \_\_\_\_\_  
Signature of Responsible Party \_\_\_\_\_ Date \_\_\_\_\_  
Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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City of Fairfield  
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Fairfield, OH 45018

Tax Rate: 1.50% Account #: \_\_\_\_\_  
FEIN: \_\_\_\_\_

Withholding Period 8/15/2023	Due Date 08/18/2023
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 period \_\_\_\_\_ FORM TW-1

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Signature of Responsible Party \_\_\_\_\_ Date \_\_\_\_\_  
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City of Fairfield  
PO Box 181543  
Fairfield, OH 45018

Tax Rate: 1.50% Account #: \_\_\_\_\_  
FEIN: \_\_\_\_\_

Withholding Period 8/31/2023	Due Date 09/06/2023
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 period \_\_\_\_\_ FORM TW-1

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Signature of Responsible Party \_\_\_\_\_

Date \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Remit form and payment to:

City of Fairfield  
PO Box 181543  
Fairfield, OH 45018

Tax Rate: 1.50%

Account #: \_\_\_\_\_

FEIN: \_\_\_\_\_

Withholding Period 9/15/2023	Due Date 09/20/2023
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 period \_\_\_\_\_ FORM TW-1

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Printed Name of Responsible Party \_\_\_\_\_

Signature of Responsible Party \_\_\_\_\_

Date \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Remit form and payment to:

City of Fairfield  
PO Box 181543  
Fairfield, OH 45018

Tax Rate: 1.50%

Account #: \_\_\_\_\_

FEIN: \_\_\_\_\_

Withholding Period 9/30/2023	Due Date 10/04/2023
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 period \_\_\_\_\_ FORM TW-1

**City of Fairfield RETURN OF INCOME TAX WITHHELD**COMPANY NAME \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_COURTESY WITHHOLDING  
ONLY INDICATE QUARTER  
REPORTED: ☐

Printed Name of Responsible Party \_\_\_\_\_

Signature of Responsible Party \_\_\_\_\_

Date \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Remit form and payment to:

City of Fairfield  
PO Box 181543  
Fairfield, OH 45018

Tax Rate: 1.50%

Account #: \_\_\_\_\_

FEIN: \_\_\_\_\_

Withholding Period 10/15/2023	Due Date 10/18/2023
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 period \_\_\_\_\_ FORM TW-1

**City of Fairfield RETURN OF INCOME TAX WITHHELD**COMPANY NAME \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_COURTESY WITHHOLDING  
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REPORTED: ☐

Printed Name of Responsible Party \_\_\_\_\_

Signature of Responsible Party \_\_\_\_\_

Date \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Remit form and payment to:

City of Fairfield  
PO Box 181543  
Fairfield, OH 45018

Tax Rate: 1.50%

Account #: \_\_\_\_\_

FEIN: \_\_\_\_\_

Withholding Period 10/31/2023	Due Date 11/03/2023
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 period \_\_\_\_\_ FORM TW-1

City of Fairfield RETURN OF INCOME TAX WITHHELD

COMPANY NAME \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
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COURTESY WITHHOLDING  
ONLY INDICATE QUARTER  
REPORTED: ☐

Printed Name of Responsible Party \_\_\_\_\_

Signature of Responsible Party \_\_\_\_\_ Date \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Remit form and payment to:  
City of Fairfield  
PO Box 181543  
Fairfield, OH 45018

Tax Rate: 1.50%

Account #: \_\_\_\_\_  
FEIN: \_\_\_\_\_

Withholding Period 11/15/2023	Due Date 11/20/2023
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 period \_\_\_\_\_ FORM TW-1

City of Fairfield RETURN OF INCOME TAX WITHHELD

COMPANY NAME \_\_\_\_\_  
MAILING ADDRESS \_\_\_\_\_  
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COURTESY WITHHOLDING  
ONLY INDICATE QUARTER  
REPORTED: ☐

Printed Name of Responsible Party \_\_\_\_\_

Signature of Responsible Party \_\_\_\_\_ Date \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Remit form and payment to:  
City of Fairfield  
PO Box 181543  
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Tax Rate: 1.50%

Account #: \_\_\_\_\_  
FEIN: \_\_\_\_\_

Withholding Period 11/30/2023	Due Date 12/05/2023
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 period \_\_\_\_\_ FORM TW-1

City of Fairfield RETURN OF INCOME TAX WITHHELD

COMPANY NAME \_\_\_\_\_  
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Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Remit form and payment to:  
City of Fairfield  
PO Box 181543  
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Tax Rate: 1.50%

Account #: \_\_\_\_\_  
FEIN: \_\_\_\_\_

Withholding Period 12/15/2023	Due Date 12/20/2023
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 period \_\_\_\_\_ FORM TW-1

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COMPANY NAME \_\_\_\_\_  
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Signature of Responsible Party \_\_\_\_\_ Date \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Remit form and payment to:  
City of Fairfield  
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Fairfield, OH 45018

Tax Rate: 1.50%

Account #: \_\_\_\_\_  
FEIN: \_\_\_\_\_

Withholding Period 12/31/2023	Due Date 01/04/2024
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 period \_\_\_\_\_ FORM TW-1