

City of Fairfield RETURN OF INCOME TAX WITHHELDCOMPANY 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 WITHHELDCOMPANY 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 WITHHELDCOMPANY NAME _____
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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 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 WITHHELDCOMPANY NAME _____
MAILING ADDRESS _____

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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 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 WITHHELDCOMPANY 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 WITHHELDCOMPANY 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

City of Fairfield RETURN OF INCOME TAX WITHHELDCOMPANY 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 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 WITHHELDCOMPANY 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 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

City of Fairfield RETURN OF INCOME TAX WITHHELDCOMPANY NAME _____
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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 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 _____

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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 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 _____

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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 6/15/2023	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 _____

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City of Fairfield RETURN OF INCOME TAX WITHHELDCOMPANY NAME _____
MAILING ADDRESS _____

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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 6/30/2023	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 _____

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City of Fairfield RETURN OF INCOME TAX WITHHELDCOMPANY NAME _____
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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 45018Tax Rate: 1.50% Account #: _____
FEIN: _____

Withholding Period	Due Date
7/15/2023	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 WITHHELDCOMPANY 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 45018Tax Rate: 1.50% Account #: _____
FEIN: _____

Withholding Period	Due Date
7/31/2023	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

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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 45018Tax Rate: 1.50% Account #: _____
FEIN: _____

Withholding Period	Due Date
8/15/2023	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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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 45018Tax Rate: 1.50% Account #: _____
FEIN: _____

Withholding Period	Due Date
8/31/2023	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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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 9/15/2023	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	\$

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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	\$

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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 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	\$

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City of Fairfield
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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 _____

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City of Fairfield
PO Box 181543
Fairfield, OH 45018Tax 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

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City of Fairfield
PO Box 181543
Fairfield, OH 45018Tax 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

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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 45018Tax 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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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 45018Tax 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