

INSTRUCTIONS FOR REMITTING 2023 WITHHOLDING TAX

GENERAL INFORMATION FOR EMPLOYERS

Every employer located within or doing business within the City of Fairfield who employs one or more persons is required to withhold the City of Fairfield municipal tax at the rate of 1.50 % from wages subject to withholding. Monthly withholding is due on the 15th day of the month following the end of month. Your payment must be postmarked on or before the due date to be considered on time and to prevent a late penalty described herein, there is no grace period. Electronic filing through the Ohio Business Gateway (OBG) is another way to remit your withholding. The date used for determining timeliness of the electronic filing will be the date submitted. Information and instructions on how to register and remit payments through the OBG may be found at business.ohio.gov. Eligibility for Monthly or Quarterly withholding is based on the following "Look Back" provisions. If your business remitted more than \$2399 in the previous year or more than \$200 any month in the previous quarter, you will be required to remit monthly. If your business remitted less than \$2399 in the previous year or less than \$200 any month on the previous quarter, you would remit quarterly.

PENALTY AND INTEREST RATES

Late withholding payments are penalized at the rate of 50% of the amount not timely filed. This is a penalty prescribed by the ORC Chapter 718. Specific language may be found at <http://codes.ohio.gov/orc/718.27>. Interest is calculated using the Federal Short Term Rate (rounded to the nearest percent) + 5%. Late return filings, including reconciliations, will be penalized \$25 per month or a fraction thereof up to a maximum of \$150. Reconciliations are due the last day of February each year with no grace period.

FORM INSTRUCTIONS

Be sure that the account number, federal identification number, business name, and address appear on the form in the appropriate designated place. Enter the gross compensation subject to withholding for the filing period. If there are no qualifying wages for this period, enter zero. Enter the total City of Fairfield tax withheld. Enter adjustments (full written explanation of adjustments must accompany this form). The total due must be paid with the timely filing of this return. Be sure to indicate the number of employees subject to city of tax during the period. Sign and date where indicated.

RECONCILIATION OF RETURNS

All reconciliation of returns plus employee W-2's must be mailed to: City of Fairfield Income Tax Division, 701 Wessel Dr., Fairfield, OH 45014. Reconciliation of Returns and Employee W-2's are due the last day of February each year.

WHERE TO MAIL PAYMENTS

Payments must be mailed to:

City of Fairfield
P. O. Box 181543
Fairfield, OH 45018

City of Fairfield RETURN OF INCOME TAX WITHHELD

BUSINESS NAME _____

MAILING ADDRESS _____

COURTESY WITHHOLDING
ONLY INDICATE MONTH
REPORTED:

Printed Name of Responsible Party _____

Signature of Responsible Party _____ Date _____

Phone: _____ E-Mail: _____

Remit form and payment to:
 City of Fairfield
 P. O. Box 181543
 Fairfield, OH 45018

Tax Rate: 1.50%

Account #: _____
FEIN: _____

Withholding Period January	Due Date 02/15/2023
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

BUSINESS NAME _____

MAILING ADDRESS _____

COURTESY WITHHOLDING
ONLY INDICATE MONTH
REPORTED:

Printed Name of Responsible Party _____

Signature of Responsible Party _____ Date _____

Phone: _____ E-Mail: _____

Remit form and payment to:
 City of Fairfield
 P. O. Box 181543
 Fairfield, OH 45018

Tax Rate: 1.50%

Account #: _____
FEIN: _____

Withholding Period February	Due Date 03/15/2023
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

BUSINESS NAME _____

MAILING ADDRESS _____

COURTESY WITHHOLDING
ONLY INDICATE MONTH
REPORTED:

Printed Name of Responsible Party _____

Signature of Responsible Party _____ Date _____

Phone: _____ E-Mail: _____

Remit form and payment to:
 City of Fairfield
 P. O. Box 181543
 Fairfield, OH 45018

Tax Rate: 1.50%

Account #: _____
FEIN: _____

Withholding Period March	Due Date 04/15/2023
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

BUSINESS 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
 P. O. Box 181543
 Fairfield, OH 45018

Tax Rate: 1.50%

Account #: _____
FEIN: _____

Withholding Period April	Due Date 05/15/2023
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

BUSINESS NAME _____

MAILING ADDRESS _____

Printed Name of Responsible Party _____

Signature of Responsible Party _____ Date _____

Phone: _____ E-Mail: _____

Remit form and payment to:
 City of Fairfield
 P. O. Box 181543
 Fairfield, OH 45018

COURTESY WITHHOLDING
ONLY INDICATE MONTH
REPORTED:

Tax Rate: 1.50%

Account #: _____
FEIN: _____

Withholding Period May	Due Date 06/15/2023
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

BUSINESS NAME _____

MAILING ADDRESS _____

Printed Name of Responsible Party _____

Signature of Responsible Party _____ Date _____

Phone: _____ E-Mail: _____

Remit form and payment to:
 City of Fairfield
 P. O. Box 181543
 Fairfield, OH 45018

COURTESY WITHHOLDING
ONLY INDICATE MONTH
REPORTED:

Tax Rate: 1.50%

Account #: _____
FEIN: _____

Withholding Period June	Due Date 07/15/2023
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

BUSINESS NAME _____

MAILING ADDRESS _____

Printed Name of Responsible Party _____

Signature of Responsible Party _____ Date _____

Phone: _____ E-Mail: _____

Remit form and payment to:
 City of Fairfield
 P. O. Box 181543
 Fairfield, OH 45018

COURTESY WITHHOLDING
ONLY INDICATE MONTH
REPORTED:

Tax Rate: 1.50%

Account #: _____
FEIN: _____

Withholding Period July	Due Date 08/15/2023
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

BUSINESS NAME _____

MAILING ADDRESS _____

Printed Name of Responsible Party _____

Signature of Responsible Party _____ Date _____

Phone: _____ E-Mail: _____

Remit form and payment to:
 City of Fairfield
 P. O. Box 181543
 Fairfield, OH 45018

COURTESY WITHHOLDING
ONLY INDICATE MONTH
REPORTED:

Tax Rate: 1.50%

Account #: _____
FEIN: _____

Withholding Period August	Due Date 09/15/2023
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

BUSINESS NAME _____

MAILING ADDRESS _____

COURTESY WITHHOLDING
ONLY INDICATE MONTH
REPORTED:

Printed Name of Responsible Party _____

Signature of Responsible Party _____ Date _____

Phone: _____ E-Mail: _____

Remit form and payment to:
 City of Fairfield
 P. O. Box 181543
 Fairfield, OH 45018

Tax Rate: 1.50%

Account #: _____
FEIN: _____

Withholding Period	Due Date
September	10/15/2023
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

BUSINESS NAME _____

MAILING ADDRESS _____

COURTESY WITHHOLDING
ONLY INDICATE MONTH
REPORTED:

Printed Name of Responsible Party _____

Signature of Responsible Party _____ Date _____

Phone: _____ E-Mail: _____

Remit form and payment to:
 City of Fairfield
 P. O. Box 181543
 Fairfield, OH 45018

Tax Rate: 1.50%

Account #: _____
FEIN: _____

Withholding Period	Due Date
October	11/15/2023
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

BUSINESS NAME _____

MAILING ADDRESS _____

COURTESY WITHHOLDING
ONLY INDICATE MONTH
REPORTED:

Printed Name of Responsible Party _____

Signature of Responsible Party _____ Date _____

Phone: _____ E-Mail: _____

Remit form and payment to:
 City of Fairfield
 P. O. Box 181543
 Fairfield, OH 45018

Tax Rate: 1.50%

Account #: _____
FEIN: _____

Withholding Period	Due Date
November	12/15/2023
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

BUSINESS NAME _____

MAILING ADDRESS _____

COURTESY WITHHOLDING
ONLY INDICATE MONTH
REPORTED:

Printed Name of Responsible Party _____

Signature of Responsible Party _____ Date _____

Phone: _____ E-Mail: _____

Remit form and payment to:
 City of Fairfield
 P. O. Box 181543
 Fairfield, OH 45018

Tax Rate: 1.50%

Account #: _____
FEIN: _____

Withholding Period	Due Date
December	01/15/2024
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