



Annual Reconciliation

Submit by
February 29, 2024

City of Fairfield

Income Tax Division
701 Wessel Dr
Fairfield, OH 45014
www.fairfield-city.org

Phone: 513-867-5327
Fax: 513-867-5333

GENERAL INFORMATION

On or before the last day of February each year, every employer must file a withholding Reconciliation. This filing will include the tax paid in the prior calendar year on employee withholding for the City of Fairfield. Copies of all W-2 forms applicable to the Reconciliation must be attached. All W-2's must furnish the employee's name, address, full social security number, qualifying wage compensation, and City of Fairfield tax withheld. If more than one city tax was withheld, then the W-2's must show a breakdown of each city for which tax was withheld, the wages earned in each city, and the amount of city tax withheld for each city.

RECONCILIATION FORM INSTRUCTIONS

In the appropriate boxes, enter the amounts of tax withheld for each period, the number of employees (Box A), the total compensation subject to City of Fairfield Income Tax (Box B), the tax due on said compensation at 1.5% (Box C), the amount of tax withheld (Box D), the amount paid (Box E), and any difference (Box F). If there is a shortage greater than \$10.00, this balance due must be remitted immediately. Any withholding shortage, late payment, or missed payment will be subject to penalty and interest charges. If there is an overpayment greater than \$10.00, you must attach an explanation. An overpayment of tax from an individual employee's wages will only be refunded directly to the employee. Non-resident employees must complete a separate non-resident refund request. Overpayments of less than \$10.00 will not be refunded. **Be sure to attach copies of all W-2 forms.**

Mail Completed Reconciliation and W-2 Forms to:

City of Fairfield
Income Tax Division
701 Wessel Dr.
Fairfield, OH 45014

2023 City of Fairfield Annual Reconciliation

Business Name _____

FEIN _____

Mailing Address _____

Inactivate Account

W-2(s) Attached **REQUIRED** (electronic file for importing preferred, see website for details)

JANUARY	JULY
FEBRUARY	AUGUST
MARCH/1ST QTR	SEPTEMBER/3RD QTR
APRIL	OCTOBER
MAY	NOVEMBER
JUNE/2ND QTR	DECEMBER/4TH QTR

SUBMIT BY FEB 28, 2024. W-2'S MUST BE ATTACHED.

I hereby certify that the information and statements contained herein are true and correct.

Signature _____

Contact Person & Email _____

Date _____

Phone _____

Box A Number of employees:

Box B Fairfield Wages:

Box C Tax Due at 1.5%:

Box D Tax Withheld :

Box E Tax Paid:

*Box F Balance Due or Overpayment:

*If greater than \$10.00