

FORM W1 3111

EMPLOYER'S WITHHOLDING - MONTHLY

1. Number of Taxable Employees.	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.	2	
3. Taxable Earnings (from line 2).	3	
4. Actual Tax Withheld at 1.75 %.	4	
5. Adjustments of Tax for Prior Period.	5	
6. Interest 0.583% per month.	6	
7. Penalty 50%.	7	
8. Total (Include Interest and Penalty if Due).	8	

Name

And

Address

Tax Year 2024

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed _____

Title _____ Date _____

Phone # _____

This return must be filed on or before the 15th of following month

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF FAIRFAX TAX DEPT
5903 HAWTHORNE AVE
CINCINNATI OH 45227-3630

Phone 513-527-6506

Fax 513-561-5748

Month Ending:

TAX ID:

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

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