

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	

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 month after quarter end

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

Name

And

Address

Quarter:

TAX ID:

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

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