## FORM W1 3111 **EMPLOYER'S WITHHOLDING - QUARTERLY** Tax Year 2026 2. Total Salaries, Wages, Commissions and other I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct. Title\_ 4. Actual Tax Withheld at **1.750** %..... Phone # This return must be filed on or before 6 the 15th of the following month MAKE CHECK OR MONEY ORDER TO: **VILLAGE OF FAIRFAX TAX DEPARTMENT 5903 HAWTHORNE AVE** Name **CINCINNATI OH 45227**

and

Address

Email address

Quarter Ending:

TAX ID / FEIN:

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

Fax 513-561-5748

Voice 513-527-6506