FORM W1 3111 **EMPLOYER'S WITHHOLDING - QUARTERLY**

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 **1.750** %	4		
5. Adjustments of Tax for Prior Period	5		
6. Interest 0.75% per month late	6		
7. Late Pay Penalty 50% of tax due	7		
8. Total (Include Interest and Penalty if Due)	8		

Tax Year 2027

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 the following month

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF FAIRFAX TAX DEPARTMENT
5903 HAWTHORNE AVE
CINCINNATI OH 45227

Voice 513-527-6506 Fax 513-561-5748

Name

and

Address

Email address

Quarter Ending:

TAX ID / FEIN:

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