

Form W-1 - Employer's Return of Tax Withheld for 2015

Fairfield Income Tax Division 513.867.5327

- 1. Number of Employees _____
- 2. Payroll subject to Tax \$ _____
- 3. Tax Liability @ 1.5% (.015) \$ _____
- 4. Tax Withheld from Wages \$ _____

Federal ID #: _____ Due: **APR 30, 2015**
 Month/Quarter: **JAN-FEB-MAR 2015**
 Amount Remitted \$ _____ Check #: _____
 Make checks payable to: **Fairfield Income Tax**

Signature Date

Remit to:

FAIRFIELD INCOME TAX DIVISION
PO BOX 73852
CLEVELAND OH 44193

Phone Number



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Federal ID #: _____ Due: **JUL 31, 2015**
 Month/Quarter: **APR-MAY-JUN 2015**
 Amount Remitted \$ _____ Check #: _____
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Federal ID #: _____ Due: **OCT 30, 2015**
 Month/Quarter: **JUL-AUG-SEP 2015**
 Amount Remitted \$ _____ Check #: _____
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Federal ID #: _____ Due: **FEB 1, 2016**
 Month/Quarter: **OCT-NOV-DEC 2015**
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