

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. 0.583% per month. ....	6		
7. 50%. ....	7		
8. Total (Include Interest and Penalty if Due). ....	8		

**Tax Year 2019**

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 APRIL 30, 2019**

**MAKE CHECK OR MONEY ORDER TO:**  
 VILLAGE OF FAIRFAX TAX DEPARTMENT  
 5903 HAWTHORNE AVE  
 FAIRFAX (CINTL.) OH 45227-3697

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

Name

And

Address

Period Ending JAN-FEB-MAR

TAX ID

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

FORM W1 1114

EMPLOYER'S WITHHOLDING - QUARTERLY

1. Number of Taxable Employees. ....	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees. ....	2	
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Name  
 And  
 Address

Tax Year 2019

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 JULY 31, 2019**  
**MAKE CHECK OR MONEY ORDER TO:**  
 VILLAGE OF FAIRFAX TAX DEPARTMENT  
 5903 HAWTHORNE AVE  
 FAIRFAX (CINTL.) OH 45227-3697  
 Voice 513-527-6506 Ext Fax 513-561-5748

Period Ending APR-MAY-JUN

TAX ID

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

FORM W1 1114

EMPLOYER'S WITHHOLDING - QUARTERLY

1. Number of Taxable Employees. ....	1	
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Name  
 And  
 Address

Tax Year 2019

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 OCTOBER 31, 2019**  
**MAKE CHECK OR MONEY ORDER TO:**  
 VILLAGE OF FAIRFAX TAX DEPARTMENT  
 5903 HAWTHORNE AVE  
 FAIRFAX (CINTL.) OH 45227-3697  
 Voice 513-527-6506 Ext Fax 513-561-5748

Period Ending JUL-AUG-SEP

TAX ID

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

FORM W1 1114

EMPLOYER'S WITHHOLDING - QUARTERLY

1. Number of Taxable Employees. ....	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees. ....	2	
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8. Total (Include Interest and Penalty if Due). ....	8	

Name  
 And  
 Address

Tax Year 2019

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 JANUARY 31, 2020**  
**MAKE CHECK OR MONEY ORDER TO:**  
 VILLAGE OF FAIRFAX TAX DEPARTMENT  
 5903 HAWTHORNE AVE  
 FAIRFAX (CINTL.) OH 45227-3697  
 Voice 513-527-6506 Ext Fax 513-561-5748

Period Ending OCT-NOV-DEC

TAX ID

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