## FORM W1 1114 **EMPLOYER'S WITHHOLDING - MONTHLY** Tax Year 2019 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 Phone #\_ THIS RETURN MUST BE FILED ON 6 6. 0.583% per month..... OR BEFORE FEBRUARY 15, 2019 7. 50%..... MAKE CHECK OR MONEY ORDER TO: VILLAGE OF FAIRFAX TAX DEPARTMENT 5903 HAWTHORNE AVE FAIRFAX (CINTI.) OH 45227-3697 Name

And

Address

## Period Ending JANUARY

Voice 513-527-6506

TAX ID

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

Fax 513-561-5748

FORM W1 1114	EMPLOYER'S WITHHOLDIN	NG - MONTHLY
1. Number of Taxable Employees	1	_ v
2. Total Salaries, Wages, Commissions and other		Tax Year 2019
Compensation paid all employees	2	I hereby certify that the information and statements contained her in and in any schedules or exhibits attached are true and correct.
		Signed
3. Taxable Earnings (from line 2)	2	Title Date
4. Actual Tax Withheld at 1.750 %		
5. Adjustments of Tax for Prior Period		Phone #
6. 0.583% per month		THIS RETURN MUST BE FILED ON
7. 50%		OR BEFORE MARCH 15, 2019
8. Total (Include Interest and Penalty if Due)		MAKE CHECK OR MONEY ORDER TO:  VILLAGE OF FAIRFAX TAX DEPARTMENT  5903 HAWTHORNE AVE  FAIRFAX (CINTL) OLL 45037 2007
Name		FAIRFAX (CINTI.) OH 45227-3697
		Voice 513-527-6506 Fax 513-561-5748
Address		Period Ending FEBRUARY
		TAX ID
		NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
		NOTH 1 INCOME 1700 DEL ANTIMENT NOMI TEL OF ANY OFFINIOE IN OWNEROUM ON THIS PRODUCES.
FORM W1 1114	EMPLOYER'S WITHHOLDIN	NG - MONTHLY
1. Number of Taxable Employees		
Total Salaries, Wages, Commissions and other		Tax Year 2019
Compensation paid all employees		I hereby certify that the information and statements contained her
		in and in any schedules or exhibits attached are true and correct.
		Signed
3. Taxable Earnings (from line 2)	3	Date
4. Actual Tax Withheld at 1.750 %		Phone #
5. Adjustments of Tax for Prior Period		THIS RETURN MUST BE FILED ON
6. 0.583% per month		OR BEFORE APRIL 15, 2019
7. 50%		MAKE CHECK OR MONEY ORDER TO:
8. Total (Include Interest and Penalty if Due)		VILLAGE OF FAIRFAX TAX DEPARTMENT
		5903 HAWTHORNE AVE
Name		FAIRFAX (CINTI.) OH 45227-3697
And		Voice 513-527-6506 Fax 513-561-5748
Address		Period Ending MARCH
		TAX ID
		NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
		NOTH 1 INCOME TAX DEFAINTMENT FROM TELL OF ANY CHANGE IN OWNEROUM OR NAME AND ADDRESS.
FORM W1 1114	EMPLOYER'S WITHHOLDIN	NG - MONTHLY
Number of Taxable Employees	11	
Total Salaries, Wages, Commissions and other	<del></del>	Tax Year 2019
Compensation paid all employees		I hereby certify that the information and statements contained her
		in and in any schedules or exhibits attached are true and correct.
		Signed
3. Taxable Earnings (from line 2)		Date
4. Actual Tax Withheld at 1.750 %		Phone #
5. Adjustments of Tax for Prior Period		THIS RETURN MUST BE FILED ON
6. 0.583% per month	0    <del>7</del>	OR BEFORE MAY 15, 2019
7. 50%		MAKE CHECK OR MONEY ORDER TO:
8. Total (Include Interest and Penalty if Due)		VILLAGE OF FAIRFAX TAX DEPARTMENT
		5903 HAWTHORNE AVE
Name		FAIRFAX (CINTI.) OH 45227-3697
And		Voice 513-527-6506 Fax 513-561-5748
Address		_ , ,
Address		Period Ending APRIL

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

TAX ID

FORM W1 1114	EMPLOYER'S WITHHOLDING - M	ONTHLY
Number of Taxable Employees		Tax Year 2019 I hereby certify that the information and statements contain
Compensation paid all employees	2	in and in any schedules or exhibits attached are true and considerable Signed
3. Taxable Earnings (from line 2)	3	Title Date
4. Actual Tax Withheld at 1.750 %		Phone #
5. Adjustments of Tax for Prior Period	5	THIS RETURN MUST BE FILED ON
6. 0.583% per month	6	OR BEFORE JUNE 15, 2019
7. 50%	7	MAKE CHECK OR MONEY ORDER
8. Total (Include Interest and Penalty if Due)	8	VILLAGE OF FAIRFAX TAX DEPARTMENT 5903 HAWTHORNE AVE
Name		FAIRFAX (CINTI.) OH 45227-3697
And		Voice 513-527-6506 Fax 513-561
Address		Period Ending MAY
		TAX ID
		NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS
FORM W1 1114	EMPLOYER'S WITHHOLDING - M	ONTHLY
Number of Taxable Employees		T V 2040
2. Total Salaries, Wages, Commissions and other		Tax Year 2019 I hereby certify that the information and statements contain
Compensation paid all employees	2	in and in any schedules or exhibits attached are true and co
		Signed
3. Taxable Earnings (from line 2)	2	Title Date
4. Actual Tax Withheld at 1.750 %		Phone #
5. Adjustments of Tax for Prior Period	5	THIS RETURN MUST BE FILED ON
6. 0.583% per month		
7. 50%	7	OR BEFORE JULY 15, 2019
8. Total (Include Interest and Penalty if Due)		MAKE CHECK OR MONEY ORDER
, ,		VILLAGE OF FAIRFAX TAX DEPARTMENT
Name		5903 HAWTHORNE AVE FAIRFAX (CINTI.) OH 45227-3697
Name		1 AIRT AX (OINTI.) OT 40227 3007
And		Voice 513-527-6506 Fax 513-561-
Address		Period Ending JUNE
		TAX ID
		NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRES
		NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRES
FORM W1 1114	EMPLOYER'S WITHHOLDING - M	NITHI Y
	1 1	
Number of Taxable Employees	- I	Tax Year 2019
Compensation paid all employees		I hereby certify that the information and statements contain
Componential and an employees.	2	in and in any schedules or exhibits attached are true and co
		Signed
3. Taxable Earnings (from line 2)		Title Date
4. Actual Tax Withheld at 1.750 %		Phone #
5. Adjustments of Tax for Prior Period		THIS RETURN MUST BE FILED ON
6. 0.583% per month	6	OR BEFORE AUGUST 15, 2019
7. 50%		MAKE CHECK OR MONEY ORDER
8. Total (Include Interest and Penalty if Due)		VILLAGE OF FAIRFAX TAX DEPARTMENT
		5903 HAWTHORNE AVE
Name		FAIRFAX (CINTI.) OH 45227-3697
And		Voice 513-527-6506 Fax 513-561-

Address

Period Ending JULY

TAX ID

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

FORM W1 1114	EMPLOYER'S WITHHOLDING - MC	NTHLY
1. Number of Taxable Employees		TV 2040
2. Total Salaries, Wages, Commissions and othe	er	Tax Year 2019 I hereby certify that the information and statements contained he
Compensation paid all employees	2	in and in any schedules or exhibits attached are true and correct
		Signed
3. Taxable Earnings (from line 2)	3	Title Date
4. Actual Tax Withheld at 1.750 %		Phone #
5. Adjustments of Tax for Prior Period	5	THIS RETURN MUST BE FILED ON
5. 0.583% per month		OR BEFORE SEPTEMBER 15, 2019
7. 50%		MAKE CHECK OR MONEY ORDER TO:
3. Total (Include Interest and Penalty if Due)	8	VILLAGE OF FAIRFAX TAX DEPARTMENT
		5903 HAWTHORNE AVE
Name		FAIRFAX (CINTI.) OH 45227-3697
Name		
And		Voice 513-527-6506 Fax 513-561-574
		1 ax 616 651 671
Address		Period Ending AUGUST
		TAX ID
		NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
FORM W1 1114	EMPLOYER'S WITHHOLDING - MC	NTHLY
Number of Taxable Employees		Tax Year 2019
2. Total Salaries, Wages, Commissions and othe		I hereby certify that the information and statements contained he
Compensation paid all employees	2	in and in any schedules or exhibits attached are true and correc
		Signed
3. Taxable Earnings (from line 2)	3	Title Date
4. Actual Tax Withheld at 1.750 %		Phone #
5. Adjustments of Tax for Prior Period	5	THIS RETURN MUST BE FILED ON
6. 0.583% per month		OR BEFORE OCTOBER 15, 2019
7. 50%	7	
3. Total (Include Interest and Penalty if Due)		MAKE CHECK OR MONEY ORDER TO:
		VILLAGE OF FAIRFAX TAX DEPARTMENT
Nama		5903 HAWTHORNE AVE FAIRFAX (CINTI.) OH 45227-3697
Name		1 AIN AX (GIVTI.) GIT 43227-3097
And		Voice 513-527-6506 Fax 513-561-574
2		Voice 513-527-6506 Fax 513-561-574
Address		David Ending CEDTEMPED
71001033		Period Ending SEPTEMBER
		TAX ID
		NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
FORM W1 1114	<b>EMPLOYER'S WITHHOLDING - MC</b>	NTHLY
Number of Taxable Employees		
2. Total Salaries, Wages, Commissions and othe	I <del>-1</del>	Tax Year 2019
Compensation paid all employees	2	I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct
		· ·
		Signed
3. Taxable Earnings (from line 2)		Date
Actual Tax Withheld at 1.750 %		Phone #
. Adjustments of Tax for Prior Period		THIS RETURN MUST BE FILED ON
5. 0.583% per month	6	OR BEFORE NOVEMBER 15, 2019
7. 50%		MAKE CHECK OR MONEY ORDER TO:
. Total (Include Interest and Penalty if Due)	<u> </u> 8	VILLAGE OF FAIRFAX TAX DEPARTMENT
		5903 HAWTHORNE AVE
Name		FAIRFAX (CINTI.) OH 45227-3697
		, ,
And		Voice 513-527-6506 Fax 513-561-574

Period Ending OCTOBER

TAX ID

Address

1. Number of Taxable Employees	1	<b>T</b> V 2010
2. Total Salaries, Wages, Commissions and other		Tax Year 2019 I hereby certify that the information and statements contained here
Compensation paid all employees	2	in and in any schedules or exhibits attached are true and correct.
		Signed
. Taxable Earnings (from line 2)	3	Title Date
. Actual Tax Withheld at 1.750 %		Phone #
. Adjustments of Tax for Prior Period	5	THIS RETURN MUST BE FILED ON
0.583% per month		OR BEFORE DECEMBER 15, 2019
50%		MAKE CHECK OR MONEY ORDER TO:
. Total (Include Interest and Penalty if Due)	8	VILLAGE OF FAIRFAX TAX DEPARTMENT
		5903 HAWTHORNE AVE
Name		FAIRFAX (CINTI.) OH 45227-3697
Name		174114744 (611411.) 611 16227 6667
And		Voice 513-527-6506 Fax 513-561-5748
Address		Pariod Ending NOVEMBER
, Iddi		Period Ending NOVEMBER
		TAX ID
		NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
. Number of Taxable Employees		Tax Year 2019
. Number of Taxable Employees	1	Tax Year 2019 I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct.
Number of Taxable Employees	1	Tax Year 2019  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed
Number of Taxable Employees		Tax Year 2019  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct.  Signed  Title  Date
Number of Taxable Employees. Total Salaries, Wages, Commissions and other ompensation paid all employees. Taxable Earnings (from line 2). Actual Tax Withheld at 1.750 %.	1 2 3	Tax Year 2019  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed
Number of Taxable Employees.  Total Salaries, Wages, Commissions and other ompensation paid all employees.  Taxable Earnings (from line 2).  Actual Tax Withheld at 1.750 %.  Adjustments of Tax for Prior Period.		Tax Year 2019  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed  Title Date
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. Number of Taxable Employees Total Salaries, Wages, Commissions and other compensation paid all employees Taxable Earnings (from line 2) Actual Tax Withheld at 1.750 % Adjustments of Tax for Prior Period 0.583% per month.		Tax Year 2019  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed  Title Date  Phone #  THIS RETURN MUST BE FILED ON
Number of Taxable Employees. Total Salaries, Wages, Commissions and other ompensation paid all employees.  Taxable Earnings (from line 2). Actual Tax Withheld at 1.750 %. Adjustments of Tax for Prior Period. 0.583% per month.		Tax Year 2019 I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed Title
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Number of Taxable Employees. Total Salaries, Wages, Commissions and other ompensation paid all employees.  Taxable Earnings (from line 2). Actual Tax Withheld at 1.750 %. Adjustments of Tax for Prior Period. 0.583% per month. 50%.  Total (Include Interest and Penalty if Due).		Tax Year 2019  I hereby certify that the information and statements contained he 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 15, 2020  MAKE CHECK OR MONEY ORDER TO: VILLAGE OF FAIRFAX TAX DEPARTMENT
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NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.