



Tax Year 2023

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 # _____

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 0.000 %.....	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		

THIS RETURN MUST BE FILED ON OR BEFORE 15, 2023

MAKE CHECK OR MONEY ORDER TO:
 VILLAGE OF FAIRFAX TAX DEPARTMENT
 5903 HAWTHORNE AVE
 CINCINNATI OH 45227

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

Name

And

Address

Period Ending

TAX ID

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



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