

TAX YEAR 20__

VILLAGE OF FAIRFAX TAX DEPARTMENT



Due by 2/28 of the following year
FORM W3 - EMPLOYER'S WITHHOLDING
RECONCILIATION

5903 HAWTHORNE AVE
CINCINNATI, OH 45227
VOICE: 513-527-6506, FAX: 513-561-5748

NAME
AND
ADDRESS

FEDERAL ID NUMBER
NAME OF PERSON
COMPLETING FORM
LOCAL PHONE NUMBER
NUMBER OF EMPLOYEES LISTED
INCLUDES COURTESY WITHHOLDING? YES OR NO

EMPLOYEE W-2s OR NON-EMPLOYEE 1096 AND 1099s MUST ACCOMPANY THIS FORM.

INSTRUCTIONS

- 1. W-2s should be remitted electronically, in EFW2 format, if there are >25 employees.
2. If you pay "non-employees" via 1099s, please attach the 1096 (summary) and the 1099s.
3. Attach explanation if column 2 is used.
4. Attach check payable to "Village of Fairfax Tax Department" if there is a remaining balance due.
5. If remittance throughout the year exceeded the amount due, give explanation and request refund below.
6. Email eharback@fairfaxoh.org with any questions.

ENTER PAYROLL BY MONTHLY OR QUARTERLY TOTALS

Table with 6 columns: Period, (1) Gross Payroll, (2) Payroll Not Subject to Tax, (3) Payroll Subject to Tax, (4) Tax Due, (5) Tax Paid Per Your Records. Rows include months from January to December and a TOTALS row.

TOTAL TAX REMITTED THROUGHOUT YEAR:

BALANCE DUE:

Employer: Explain any differences:

CHECK HERE ___ IF REFUND IS REQUESTED: