

**FORM W1 1114**

**EMPLOYER'S WITHHOLDING - SEMI-MONTHLY**

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. 0.50% per month. ....	6	
7. 50%. ....	7	
8. Total (Include Interest and Penalty if Due). ....	8	

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2018**

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 18, 2018**

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

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

Period Ending JAN 15

TAX ID \_\_\_\_\_

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

**FORM W1 1114**

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Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2018**

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Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON OR BEFORE FEBRUARY 3, 2018**

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

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

Period Ending JAN 31

TAX ID \_\_\_\_\_

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**Tax Year 2018**

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Title \_\_\_\_\_ Date \_\_\_\_\_

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**THIS RETURN MUST BE FILED ON OR BEFORE FEBRUARY 18, 2018**

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

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

Period Ending FEB 15

TAX ID \_\_\_\_\_

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Tax Year 2018

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Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON  
OR BEFORE MARCH 3, 2018**

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

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

Name

And

Address

Period Ending FEB 28

TAX ID

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FORM W1 1114

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Tax Year 2018

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Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON  
OR BEFORE MARCH 18, 2018**

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

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

Name

And

Address

Period Ending MAR 15

TAX ID

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Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON  
OR BEFORE APRIL 3, 2018**

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

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

Name

And

Address

Period Ending MAR 31

TAX ID

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**FORM W1 1114**

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**Tax Year 2018**

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Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON OR BEFORE APRIL 18, 2018**

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

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

Period Ending APR 15

TAX ID \_\_\_\_\_

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Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2018**

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Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON OR BEFORE MAY 3, 2018**

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

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

Period Ending APR 30

TAX ID \_\_\_\_\_

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**FORM W1 1114**

**EMPLOYER'S WITHHOLDING - SEMI-MONTHLY**

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And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2018**

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Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON OR BEFORE MAY 18, 2018**

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

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

Period Ending MAY 15

TAX ID \_\_\_\_\_

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Name \_\_\_\_\_

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Address \_\_\_\_\_

**Tax Year 2018**

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Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON OR BEFORE JUNE 3, 2018**

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

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

Period Ending **MAY 31**

**TAX ID** \_\_\_\_\_

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Address \_\_\_\_\_

**Tax Year 2018**

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Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON OR BEFORE JUNE 18, 2018**

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

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

Period Ending **JUN 15**

**TAX ID** \_\_\_\_\_

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**FORM W1 1114**

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Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2018**

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Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON OR BEFORE JULY 3, 2018**

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

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

Period Ending **JUN 30**

**TAX ID** \_\_\_\_\_

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FORM W1 1114

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Tax Year 2018

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Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON OR BEFORE JULY 18, 2018**

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

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

Name

And

Address

Period Ending JUL 15

TAX ID

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Tax Year 2018

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Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON OR BEFORE AUGUST 3, 2018**

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

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

Name

And

Address

Period Ending JUL 31

TAX ID

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FORM W1 1114

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Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON OR BEFORE AUGUST 18, 2018**

**MAKE CHECK OR MONEY ORDER TO:**  
 VILLAGE OF FAIRFAX TAX DEPARTMENT  
 5903 HAWTHORNE AVE  
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Voice 513-527-6506 Fax 513-561-5748

Name

And

Address

Period Ending AUG 15

TAX ID

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FORM W1 1114

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Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON OR BEFORE SEPTEMBER 3, 2018**

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

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

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

Period Ending AUG 31

TAX ID \_\_\_\_\_

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Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON OR BEFORE SEPTEMBER 18, 2018**

**MAKE CHECK OR MONEY ORDER TO:**  
 VILLAGE OF FAIRFAX TAX DEPARTMENT  
 5903 HAWTHORNE AVE  
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Voice 513-527-6506 Fax 513-561-5748

Name \_\_\_\_\_

And \_\_\_\_\_

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Period Ending SEP 15

TAX ID \_\_\_\_\_

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Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON OR BEFORE OCTOBER 3, 2018**

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

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

Name \_\_\_\_\_

And \_\_\_\_\_

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Period Ending SEP 30

TAX ID \_\_\_\_\_

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Title \_\_\_\_\_ Date \_\_\_\_\_

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**THIS RETURN MUST BE FILED ON OR BEFORE OCTOBER 18, 2018**

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 VILLAGE OF FAIRFAX TAX DEPARTMENT  
 5903 HAWTHORNE AVE  
 FAIRFAX (CINTL.) OH 45227-3697

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Name  
And  
Address

Period Ending OCT 15

TAX ID

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Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON OR BEFORE NOVEMBER 3, 2018**

**MAKE CHECK OR MONEY ORDER TO:**  
 VILLAGE OF FAIRFAX TAX DEPARTMENT  
 5903 HAWTHORNE AVE  
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Period Ending OCT 31

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Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON OR BEFORE NOVEMBER 18, 2018**

**MAKE CHECK OR MONEY ORDER TO:**  
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Period Ending NOV 15

TAX ID

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

FORM W1 1114

EMPLOYER'S WITHHOLDING - SEMI-MONTHLY

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. 0.50% per month. ....	6	
7. 50%. ....	7	
8. Total (Include Interest and Penalty if Due). ....	8	

Tax Year 2018

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 DECEMBER 3, 2018**

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

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

Name

And

Address

Period Ending NOV 30

TAX ID

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

FORM W1 1114

EMPLOYER'S WITHHOLDING - SEMI-MONTHLY

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. 0.50% per month. ....	6	
7. 50%. ....	7	
8. Total (Include Interest and Penalty if Due). ....	8	

Tax Year 2018

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 DECEMBER 18, 2018**

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

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

Name

And

Address

Period Ending DEC 15

TAX ID

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

FORM W1 1114

EMPLOYER'S WITHHOLDING - SEMI-MONTHLY

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. 0.50% per month. ....	6	
7. 50%. ....	7	
8. Total (Include Interest and Penalty if Due). ....	8	

Tax Year 2018

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 3, 2019**

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

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

Name

And

Address

Period Ending DEC 31

TAX ID

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