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|--|---|--|--|
| 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. Interest 0.833% per month late. | 6 | | |
| 7. Late Pay Penalty 50% of tax due. | 7 | | |
| 8. Total (Include Interest and Penalty if Due). | 8 | | |

Tax Year 2025

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 the 15th of the following month

MAKE CHECK OR MONEY ORDER TO:

**VILLAGE OF FAIRFAX TAX DEPARTMENT
5903 HAWTHORNE AVE
CINCINNATI OH 45227**

Voice 513-527-6506

Fax 513-561-5748

Name

And

Address

Month Ending:

TAX ID / FEIN:

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