

# Tax Year 2020

## VILLAGE OF FAIRFAX TAX DEPARTMENT

5903 HAWTHORNE AVE

FAIRFAX (CINTI.) OH 45227-3697

FORM W3 1114  
EMPLOYER'S  
WITHHOLDING  
RECONCILIATION

Voice 513-527-6506 Ext

Fax 513-561-5748

**DUE DATE 02/28/2021**

Name \_\_\_\_\_  
And \_\_\_\_\_  
Address \_\_\_\_\_

FEDERAL ID NUMBER \_\_\_\_\_  
NAME OF PERSON  
COMPLETING FORM \_\_\_\_\_  
LOCAL PHONE NUMBER \_\_\_\_\_  
NUMBER OF EMPLOYEES LISTED \_\_\_\_\_

### EMPLOYEE W2'S MUST ACCOMPANY THIS FORM

#### INSTRUCTIONS

1. Attach check payable to VILLAGE OF FAIRFAX TAX DEPARTMENT, for difference if withholding exceeds remittance.
2. If remittance exceeds amount withheld, give explanation and request refund below.
3. Attach explanation if column 2 is used.
4. W2's should be remitted electronically in EFW2 format if over 20 employee's W2's are attached. Email [ajostworth@fairfaxoh.org](mailto:ajostworth@fairfaxoh.org) with further questions. Standard EFW2 format as used with the IRS.

#### ENTER PAYROLL BY QUARTERLY OR MONTHLY TOTALS

Period	(1) Gross Payroll	(2) Payroll Not Subject to Tax	(3) Payroll Subject to Tax	(4) Tax Due	(5) Tax Paid Per Your Records
January	_____	_____	_____	_____	_____
February	_____	_____	_____	_____	_____
March/Qtr-1	_____	_____	_____	_____	_____
April	_____	_____	_____	_____	_____
May	_____	_____	_____	_____	_____
June/Qtr-2	_____	_____	_____	_____	_____
July	_____	_____	_____	_____	_____
August	_____	_____	_____	_____	_____
September/Qtr-3	_____	_____	_____	_____	_____
October	_____	_____	_____	_____	_____
November	_____	_____	_____	_____	_____
December/Qtr-4	_____	_____	_____	_____	_____
TOTALS	=====	=====	=====	=====	=====

TOTAL REMITTANCE MADE \_\_\_\_\_

Employer - Explain any differences:

DIFFERENCE \_\_\_\_\_