

Hillsboro Income Tax Office RETURN OF INCOME TAX WITHHELD

Name: _____

Address: _____

City/State/Zip: _____

Printed Name of Responsible Party _____

COURTESY WITHHOLDING
ONLY INDICATE QUARTER
REPORTED:

Signature of Responsible Party _____ Date _____

Phone: _____ E-Mail: _____

Remit form and payment to:
 Hillsboro Income Tax Office
 130 North High Street
 Hillsboro, OH 45133

Tax Rate: 1.50%

Account #: _____
FEIN: _____

Withholding Period JAN-MAR	Due Date 04/30/2026
1. Gross Compensation Subject to Withholding	\$
2. Tax Withheld during Period	\$
3. Adjustment to Prior Period	\$
4. Penalty	\$
5. Interest	\$
6. TOTAL DUE	\$

Number of employees during period: _____ FORM TW-1

Hillsboro Income Tax Office RETURN OF INCOME TAX WITHHELD

Name: _____

Address: _____

City/State/Zip: _____

Printed Name of Responsible Party _____

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ONLY INDICATE QUARTER
REPORTED:

Signature of Responsible Party _____ Date _____

Phone: _____ E-Mail: _____

Remit form and payment to:
 Hillsboro Income Tax Office
 130 North High Street
 Hillsboro, OH 45133

Tax Rate: 1.50%

Account #: _____
FEIN: _____

Withholding Period APR-JUN	Due Date 07/31/2026
1. Gross Compensation Subject to Withholding	\$
2. Tax Withheld during Period	\$
3. Adjustment to Prior Period	\$
4. Penalty	\$
5. Interest	\$
6. TOTAL DUE	\$

Number of employees during period: _____ FORM TW-1

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Name: _____

Address: _____

City/State/Zip: _____

Printed Name of Responsible Party _____

COURTESY WITHHOLDING
ONLY INDICATE QUARTER
REPORTED:

Signature of Responsible Party _____ Date _____

Phone: _____ E-Mail: _____

Remit form and payment to:
 Hillsboro Income Tax Office
 130 North High Street
 Hillsboro, OH 45133

Tax Rate: 1.50%

Account #: _____
FEIN: _____

Withholding Period JUL-SEPT	Due Date 10/31/2026
1. Gross Compensation Subject to Withholding	\$
2. Tax Withheld during Period	\$
3. Adjustment to Prior Period	\$
4. Penalty	\$
5. Interest	\$
6. TOTAL DUE	\$

Number of employees during period: _____ FORM TW-1

Hillsboro Income Tax Office RETURN OF INCOME TAX WITHHELD

Name: _____

Address: _____

City/State/Zip: _____

Printed Name of Responsible Party _____

COURTESY WITHHOLDING
ONLY INDICATE QUARTER
REPORTED:

Signature of Responsible Party _____ Date _____

Phone: _____ E-Mail: _____

Remit form and payment to:
 Hillsboro Income Tax Office
 130 North High Street
 Hillsboro, OH 45133

Tax Rate: 1.50%

Account #: _____
FEIN: _____

Withholding Period OCT-DEC	Due Date 01/31/2027
1. Gross Compensation Subject to Withholding	\$
2. Tax Withheld during Period	\$
3. Adjustment to Prior Period	\$
4. Penalty	\$
5. Interest	\$
6. TOTAL DUE	\$

Number of employees during period: _____ FORM TW-1