

Hillsboro Income Tax Office RETURN OF INCOME TAX WITHHELD

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Printed Name of Responsible Party \_\_\_\_\_

Signature of Responsible Party \_\_\_\_\_ Date \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

COURTESY WITHHOLDING ONLY INDICATE QUARTER REPORTED: ☐

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

Tax Rate: 1.50% Account #: \_\_\_\_\_

FEIN: \_\_\_\_\_

| Withholding Period                           | Due Date   |
|--|------------|
| JAN-MAR                                      | 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: \_\_\_\_\_

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Signature of Responsible Party \_\_\_\_\_ Date \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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130 North High Street  
Hillsboro, OH 45133

Tax Rate: 1.50% Account #: \_\_\_\_\_

FEIN: \_\_\_\_\_

| Withholding Period                           | Due Date   |
|--|------------|
| APR-JUN                                      | 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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Tax Rate: 1.50% Account #: \_\_\_\_\_

FEIN: \_\_\_\_\_

| Withholding Period                           | Due Date   |
|--|------------|
| JUL-SEPT                                     | 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

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City/State/Zip: \_\_\_\_\_

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Signature of Responsible Party \_\_\_\_\_ Date \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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130 North High Street  
Hillsboro, OH 45133

Tax Rate: 1.50% Account #: \_\_\_\_\_

FEIN: \_\_\_\_\_

| Withholding Period                           | Due Date   |
|--|------------|
| OCT-DEC                                      | 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