

Hillsboro Income Tax Office RETURN OF INCOME TAX WITHHELD

Name: _____
Address: _____
City/State/Zip: _____

COURTESY WITHHOLDING
ONLY INDICATE QUARTER
REPORTED: ☐

Printed Name of Responsible Party _____
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	Due Date
1/15/2026	01/21/2026
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: _____

COURTESY WITHHOLDING
ONLY INDICATE QUARTER
REPORTED: ☐

Printed Name of Responsible Party _____
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	Due Date
1/31/2026	02/04/2026
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: _____

COURTESY WITHHOLDING
ONLY INDICATE QUARTER
REPORTED: ☐

Printed Name of Responsible Party _____
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	Due Date
2/15/2026	02/19/2026
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: _____

COURTESY WITHHOLDING
ONLY INDICATE QUARTER
REPORTED: ☐

Printed Name of Responsible Party _____
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	Due Date
2/28/2026	03/04/2026
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 _____

Signature of Responsible Party _____ Date _____
Phone: _____ E-Mail: _____

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

COURTESY WITHHOLDING
ONLY INDICATE QUARTER
REPORTED: ☐

Tax Rate: 1.50%

Account #: _____
FEIN: _____

Withholding Period	Due Date
3/15/2026	03/18/2026
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 _____

Signature of Responsible Party _____ Date _____
Phone: _____ E-Mail: _____

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

COURTESY WITHHOLDING
ONLY INDICATE QUARTER
REPORTED: ☐

Tax Rate: 1.50%

Account #: _____
FEIN: _____

Withholding Period	Due Date
3/31/2026	04/03/2026
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 _____

Signature of Responsible Party _____ Date _____
Phone: _____ E-Mail: _____

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

COURTESY WITHHOLDING
ONLY INDICATE QUARTER
REPORTED: ☐

Tax Rate: 1.50%

Account #: _____
FEIN: _____

Withholding Period	Due Date
4/15/2026	04/20/2026
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 _____

Signature of Responsible Party _____ Date _____
Phone: _____ E-Mail: _____

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

COURTESY WITHHOLDING
ONLY INDICATE QUARTER
REPORTED: ☐

Tax Rate: 1.50%

Account #: _____
FEIN: _____

Withholding Period	Due Date
4/30/2026	05/05/2026
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: _____

COURTESY WITHHOLDING
ONLY INDICATE QUARTER
REPORTED: ☐

Printed Name of Responsible Party _____
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	Due Date
5/15/2026	05/20/2026
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: _____

COURTESY WITHHOLDING
ONLY INDICATE QUARTER
REPORTED: ☐

Printed Name of Responsible Party _____
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	Due Date
5/31/2026	06/03/2026
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: _____

COURTESY WITHHOLDING
ONLY INDICATE QUARTER
REPORTED: ☐

Printed Name of Responsible Party _____
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	Due Date
6/15/2026	06/18/2026
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: _____

COURTESY WITHHOLDING
ONLY INDICATE QUARTER
REPORTED: ☐

Printed Name of Responsible Party _____
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	Due Date
6/30/2026	07/06/2026
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 _____

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 7/15/2026	Due Date 07/20/2026
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 _____

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 7/31/2026	Due Date 08/05/2026
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 _____

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 8/15/2026	Due Date 08/19/2026
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 _____

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 8/31/2026	Due Date 09/03/2026
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 _____

Signature of Responsible Party _____ Date _____

Phone: _____ E-Mail: _____

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

COURTESY WITHHOLDING
ONLY INDICATE QUARTER
REPORTED: ☐

Tax Rate: 1.50%

Account #: _____
FEIN: _____

Withholding Period	Due Date
9/15/2026	09/18/2026
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 _____

Signature of Responsible Party _____ Date _____

Phone: _____ E-Mail: _____

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Hillsboro, OH 45133

COURTESY WITHHOLDING
ONLY INDICATE QUARTER
REPORTED: ☐

Tax Rate: 1.50%

Account #: _____
FEIN: _____

Withholding Period	Due Date
9/30/2026	10/05/2026
1. Gross Compensation Subject to Withholding	\$
2. Tax Withheld during Period	\$
3. Adjustment to Prior Period	\$
4. Penalty	\$
5. Interest	\$
6. TOTAL DUE	\$

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Name: _____
Address: _____
City/State/Zip: _____

Printed Name of Responsible Party _____

Signature of Responsible Party _____ Date _____

Phone: _____ E-Mail: _____

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Hillsboro, OH 45133

COURTESY WITHHOLDING
ONLY INDICATE QUARTER
REPORTED: ☐

Tax Rate: 1.50%

Account #: _____
FEIN: _____

Withholding Period	Due Date
10/15/2026	10/20/2026
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 _____

Signature of Responsible Party _____ Date _____

Phone: _____ E-Mail: _____

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

COURTESY WITHHOLDING
ONLY INDICATE QUARTER
REPORTED: ☐

Tax Rate: 1.50%

Account #: _____
FEIN: _____

Withholding Period	Due Date
10/31/2026	11/04/2026
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 _____

Signature of Responsible Party _____ Date _____

Phone: _____ E-Mail: _____

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

COURTESY WITHHOLDING
ONLY INDICATE QUARTER
REPORTED: ☐

Tax Rate: 1.50%

Account #: _____
FEIN: _____

Withholding Period 11/15/2026	Due Date 11/18/2026
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 _____

Signature of Responsible Party _____ Date _____

Phone: _____ E-Mail: _____

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

COURTESY WITHHOLDING
ONLY INDICATE QUARTER
REPORTED: ☐

Tax Rate: 1.50%

Account #: _____
FEIN: _____

Withholding Period 11/30/2026	Due Date 12/03/2026
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 _____

Signature of Responsible Party _____ Date _____

Phone: _____ E-Mail: _____

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

COURTESY WITHHOLDING
ONLY INDICATE QUARTER
REPORTED: ☐

Tax Rate: 1.50%

Account #: _____
FEIN: _____

Withholding Period 12/15/2026	Due Date 12/18/2026
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 _____

Signature of Responsible Party _____ Date _____

Phone: _____ E-Mail: _____

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

COURTESY WITHHOLDING
ONLY INDICATE QUARTER
REPORTED: ☐

Tax Rate: 1.50%

Account #: _____
FEIN: _____

Withholding Period 12/31/2026	Due Date 01/06/2027
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