

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 2.100 %. ....	4		
5. Adjustments of Tax for Prior Period. ....	5		
6. Total (Include Interest and Penalty if Due). ....	6		

**Tax Year 2009**

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 FEBRUARY 15, 2009**

**MAKE CHECK OR MONEY ORDER TO:**  
CITY OF ST. BERNARD  
110 WASHINGTON AVE.  
ST. BERNARD OH 45217

Voice 513-242-7710 Fax 513-242-5402

Name  
And  
Address

Period Ending JANUARY

TAX ID

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

**FORM W1 1099**

**EMPLOYER'S WITHHOLDING - MONTHLY**

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 2.100 %. ....	4		
5. Adjustments of Tax for Prior Period. ....	5		
6. Total (Include Interest and Penalty if Due). ....	6		

Name  
 And  
 Address

**Tax Year 2009**

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 MARCH 15, 2009**

**MAKE CHECK OR MONEY ORDER TO:**  
 CITY OF ST. BERNARD  
 110 WASHINGTON AVE.  
 ST. BERNARD OH 45217

Voice 513-242-7710 Fax 513-242-5402

Period Ending FEBRUARY

TAX ID

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

**FORM W1 1099**

**EMPLOYER'S WITHHOLDING - MONTHLY**

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 2.100 %. ....	4		
5. Adjustments of Tax for Prior Period. ....	5		
6. Total (Include Interest and Penalty if Due). ....	6		

Name  
 And  
 Address

**Tax Year 2009**

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 APRIL 15, 2009**

**MAKE CHECK OR MONEY ORDER TO:**  
 CITY OF ST. BERNARD  
 110 WASHINGTON AVE.  
 ST. BERNARD OH 45217

Voice 513-242-7710 Fax 513-242-5402

Period Ending MARCH

TAX ID

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

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 2.100 %. ....	4		
5. Adjustments of Tax for Prior Period. ....	5		
6. Total (Include Interest and Penalty if Due). ....	6		

**Tax Year 2009**

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 # \_\_\_\_\_

<p><b>THIS RETURN MUST BE FILED ON OR BEFORE MAY 15, 2009</b></p> <p><b>MAKE CHECK OR MONEY ORDER TO:</b> CITY OF ST. BERNARD 110 WASHINGTON AVE. ST. BERNARD OH 45217</p> <p>Voice 513-242-7710 Fax 513-242-5402</p>
---

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

Period Ending APRIL

TAX ID \_\_\_\_\_

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

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 2.100 %. ....	4		
5. Adjustments of Tax for Prior Period. ....	5		
6. Total (Include Interest and Penalty if Due). ....	6		

**Tax Year 2009**

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 # \_\_\_\_\_

<p><b>THIS RETURN MUST BE FILED ON OR BEFORE JUNE 15, 2009</b></p> <p><b>MAKE CHECK OR MONEY ORDER TO:</b> CITY OF ST. BERNARD 110 WASHINGTON AVE. ST. BERNARD OH 45217</p> <p>Voice 513-242-7710 Fax 513-242-5402</p>
--

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

Period Ending MAY

TAX ID \_\_\_\_\_

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

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 2.100 %. ....	4		
5. Adjustments of Tax for Prior Period. ....	5		
6. Total (Include Interest and Penalty if Due). ....	6		

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

Tax Year 2009

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 JULY 15, 2009**

**MAKE CHECK OR MONEY ORDER TO:**  
 CITY OF ST. BERNARD  
 110 WASHINGTON AVE.  
 ST. BERNARD OH 45217

Voice 513-242-7710 Fax 513-242-5402

Period Ending JUNE

TAX ID \_\_\_\_\_

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

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 2.100 %. ....	4		
5. Adjustments of Tax for Prior Period. ....	5		
6. Total (Include Interest and Penalty if Due). ....	6		

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

Tax Year 2009

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 AUGUST 15, 2009**

**MAKE CHECK OR MONEY ORDER TO:**  
 CITY OF ST. BERNARD  
 110 WASHINGTON AVE.  
 ST. BERNARD OH 45217

Voice 513-242-7710 Fax 513-242-5402

Period Ending JULY

TAX ID \_\_\_\_\_

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

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 2.100 %. ....	4		
5. Adjustments of Tax for Prior Period. ....	5		
6. Total (Include Interest and Penalty if Due). ....	6		

**Tax Year 2009**

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 SEPTEMBER 15, 2009**

**MAKE CHECK OR MONEY ORDER TO:**  
CITY OF ST. BERNARD  
110 WASHINGTON AVE.  
ST. BERNARD OH 45217

Voice 513-242-7710 Fax 513-242-5402

Name  
And  
Address

Period Ending AUGUST

TAX ID

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

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 2.100 %. ....	4		
5. Adjustments of Tax for Prior Period. ....	5		
6. Total (Include Interest and Penalty if Due). ....	6		

**Tax Year 2009**

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 OCTOBER 15, 2009**

**MAKE CHECK OR MONEY ORDER TO:**  
CITY OF ST. BERNARD  
110 WASHINGTON AVE.  
ST. BERNARD OH 45217

Voice 513-242-7710 Fax 513-242-5402

Name  
And  
Address

Period Ending SEPTEMBER

TAX ID

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

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 2.100 %. ....	4		
5. Adjustments of Tax for Prior Period. ....	5		
6. Total (Include Interest and Penalty if Due). ....	6		

Name  
 And  
 Address

**Tax Year 2009**

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 NOVEMBER 15, 2009**

**MAKE CHECK OR MONEY ORDER TO:**  
 CITY OF ST. BERNARD  
 110 WASHINGTON AVE.  
 ST. BERNARD OH 45217

Voice 513-242-7710 Fax 513-242-5402

Period Ending OCTOBER

TAX ID

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

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 2.100 %. ....	4		
5. Adjustments of Tax for Prior Period. ....	5		
6. Total (Include Interest and Penalty if Due). ....	6		

Name  
 And  
 Address

**Tax Year 2009**

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 DECEMBER 15, 2009**

**MAKE CHECK OR MONEY ORDER TO:**  
 CITY OF ST. BERNARD  
 110 WASHINGTON AVE.  
 ST. BERNARD OH 45217

Voice 513-242-7710 Fax 513-242-5402

Period Ending NOVEMBER

TAX ID

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

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 2.100 %. ....	4		
5. Adjustments of Tax for Prior Period. ....	5		
6. Total (Include Interest and Penalty if Due). ....	6		

**Tax Year 2009**

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 JANUARY 15, 2010**

**MAKE CHECK OR MONEY ORDER TO:**  
CITY OF ST. BERNARD  
110 WASHINGTON AVE.  
ST. BERNARD OH 45217

Voice 513-242-7710 Fax 513-242-5402

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

Period Ending **DECEMBER**

TAX ID \_\_\_\_\_

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