

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 2008

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 30, 2008**

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 JAN-FEB-MAR

TAX ID _____

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

FORM W1 1099

EMPLOYER'S WITHHOLDING - QUARTERLY

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 2008

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 31, 2008

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 APR-MAY-JUN

TAX ID

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

FORM W1 1099

EMPLOYER'S WITHHOLDING - QUARTERLY

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 2008

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 31, 2008

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 JUL-AUG-SEP

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 2008

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 31, 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 OCT-NOV-DEC

TAX ID _____

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