

| | | |
|---|---|--|
| 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. interest: 0.50% per month. | 6 | |
| 7. 50%. | 7 | |
| 8. Total (Include Interest and Penalty if Due). | 8 | |

Tax Year 2025

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, 2025**

MAKE CHECK OR MONEY ORDER TO:
CITY OF ST. BERNARD
110 WASHINGTON AVE.
ST. BERNARD OH 45217-1318

Voice 513-242-7710 Ext 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 | |
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| 6. interest: 0.50% per month. | 6 | |
| 7. 50%. | 7 | |
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Tax Year 2025

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, 2025

MAKE CHECK OR MONEY ORDER TO:
 CITY OF ST. BERNARD
 110 WASHINGTON AVE.
 ST. BERNARD OH 45217-1318

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

Name
 And
 Address

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 | |
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| 6. interest: 0.50% per month. | 6 | |
| 7. 50%. | 7 | |
| 8. Total (Include Interest and Penalty if Due). | 8 | |

Tax Year 2025

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, 2025

MAKE CHECK OR MONEY ORDER TO:
 CITY OF ST. BERNARD
 110 WASHINGTON AVE.
 ST. BERNARD OH 45217-1318

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

Name
 And
 Address

Period Ending MARCH

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. interest: 0.50% per month. | 6 | |
| 7. 50%. | 7 | |
| 8. Total (Include Interest and Penalty if Due). | 8 | |

Tax Year 2025

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 MAY 15, 2025

MAKE CHECK OR MONEY ORDER TO:
 CITY OF ST. BERNARD
 110 WASHINGTON AVE.
 ST. BERNARD OH 45217-1318

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

Name
 And
 Address

Period Ending APRIL

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. interest: 0.50% per month. | 6 | |
| 7. 50%. | 7 | |
| 8. Total (Include Interest and Penalty if Due). | 8 | |

Tax Year 2025

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 JUNE 15, 2025

MAKE CHECK OR MONEY ORDER TO:
 CITY OF ST. BERNARD
 110 WASHINGTON AVE.
 ST. BERNARD OH 45217-1318

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

Name
 And
 Address

Period Ending MAY

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 | |
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| 6. interest: 0.50% per month. | 6 | |
| 7. 50%. | 7 | |
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Tax Year 2025

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, 2025

MAKE CHECK OR MONEY ORDER TO:
 CITY OF ST. BERNARD
 110 WASHINGTON AVE.
 ST. BERNARD OH 45217-1318

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

Name
 And
 Address

Period Ending JUNE

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. interest: 0.50% per month. | 6 | |
| 7. 50%. | 7 | |
| 8. Total (Include Interest and Penalty if Due). | 8 | |

Tax Year 2025

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, 2025

MAKE CHECK OR MONEY ORDER TO:
 CITY OF ST. BERNARD
 110 WASHINGTON AVE.
 ST. BERNARD OH 45217-1318

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

Name
 And
 Address

Period Ending JULY

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. interest: 0.50% per month. | 6 | |
| 7. 50%. | 7 | |
| 8. Total (Include Interest and Penalty if Due). | 8 | |

Tax Year 2025

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, 2025

MAKE CHECK OR MONEY ORDER TO:
 CITY OF ST. BERNARD
 110 WASHINGTON AVE.
 ST. BERNARD OH 45217-1318

Voice 513-242-7710 Ext 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.

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. interest: 0.50% per month. | 6 | |
| 7. 50%. | 7 | |
| 8. Total (Include Interest and Penalty if Due). | 8 | |

Tax Year 2025

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, 2025

MAKE CHECK OR MONEY ORDER TO:
 CITY OF ST. BERNARD
 110 WASHINGTON AVE.
 ST. BERNARD OH 45217-1318

Voice 513-242-7710 Ext 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.

FORM W1 1099

EMPLOYER'S WITHHOLDING - MONTHLY

| | | |
|---|---|--|
| 1. Number of Taxable Employees. | 1 | |
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| 5. Adjustments of Tax for Prior Period. | 5 | |
| 6. interest: 0.50% per month. | 6 | |
| 7. 50%. | 7 | |
| 8. Total (Include Interest and Penalty if Due). | 8 | |

Tax Year 2025

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, 2025

MAKE CHECK OR MONEY ORDER TO:
 CITY OF ST. BERNARD
 110 WASHINGTON AVE.
 ST. BERNARD OH 45217-1318

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

Name _____

And _____

Address _____

Period Ending OCTOBER

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 | |
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| 5. Adjustments of Tax for Prior Period. | 5 | |
| 6. interest: 0.50% per month. | 6 | |
| 7. 50%. | 7 | |
| 8. Total (Include Interest and Penalty if Due). | 8 | |

Name
 And
 Address

Tax Year 2025

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, 2025**

MAKE CHECK OR MONEY ORDER TO:
 CITY OF ST. BERNARD
 110 WASHINGTON AVE.
 ST. BERNARD OH 45217-1318

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

Period Ending **NOVEMBER**

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 | |
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| 5. Adjustments of Tax for Prior Period. | 5 | |
| 6. interest: 0.50% per month. | 6 | |
| 7. 50%. | 7 | |
| 8. Total (Include Interest and Penalty if Due). | 8 | |

Name
 And
 Address

Tax Year 2025

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, 2026**

MAKE CHECK OR MONEY ORDER TO:
 CITY OF ST. BERNARD
 110 WASHINGTON AVE.
 ST. BERNARD OH 45217-1318

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

Period Ending **DECEMBER**

TAX ID

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