

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 APRIL 30, 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 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. 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 JULY 31, 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 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. 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 31, 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 JUL-AUG-SEP

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. 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 JANUARY 31, 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

Name
 And
 Address

Period Ending OCT-NOV-DEC

TAX ID

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