

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 18, 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 15

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

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

FORM W1 1099

EMPLOYER'S WITHHOLDING - SEMI-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 FEBRUARY 3, 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 31

TAX ID

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

FORM W1 1099

EMPLOYER'S WITHHOLDING - SEMI-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 FEBRUARY 18, 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 FEB 15

TAX ID

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

FORM W1 1099

EMPLOYER'S WITHHOLDING - SEMI-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 MARCH 3, 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 FEB 28

TAX ID

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

FORM W1 1099

EMPLOYER'S WITHHOLDING - SEMI-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 MARCH 18, 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 MAR 15

TAX ID

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

FORM W1 1099

EMPLOYER'S WITHHOLDING - SEMI-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 APRIL 3, 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 MAR 31

TAX ID

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

FORM W1 1099

EMPLOYER'S WITHHOLDING - SEMI-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 APRIL 18, 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 15

TAX ID

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

**FORM W1 1099**

**EMPLOYER'S WITHHOLDING - SEMI-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 # \_\_\_\_\_

<p><b>THIS RETURN MUST BE FILED ON OR BEFORE MAY 3, 2025</b></p> <p><b>MAKE CHECK OR MONEY ORDER TO:</b> CITY OF ST. BERNARD 110 WASHINGTON AVE. ST. BERNARD OH 45217-1318</p> <p>Voice 513-242-7710 Ext      Fax 513-242-5402</p>
--

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

Period Ending APR 30

**TAX ID**

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

**FORM W1 1099**

**EMPLOYER'S WITHHOLDING - SEMI-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 # \_\_\_\_\_

<p><b>THIS RETURN MUST BE FILED ON OR BEFORE MAY 18, 2025</b></p> <p><b>MAKE CHECK OR MONEY ORDER TO:</b> CITY OF ST. BERNARD 110 WASHINGTON AVE. ST. BERNARD OH 45217-1318</p> <p>Voice 513-242-7710 Ext      Fax 513-242-5402</p>
---

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

Period Ending MAY 15

**TAX ID**

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

**FORM W1 1099**

**EMPLOYER'S WITHHOLDING - SEMI-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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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 # \_\_\_\_\_

<p><b>THIS RETURN MUST BE FILED ON OR BEFORE JUNE 3, 2025</b></p> <p><b>MAKE CHECK OR MONEY ORDER TO:</b> CITY OF ST. BERNARD 110 WASHINGTON AVE. ST. BERNARD OH 45217-1318</p> <p>Voice 513-242-7710 Ext      Fax 513-242-5402</p>
---

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

Period Ending MAY 31

**TAX ID**

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

FORM W1 1099

EMPLOYER'S WITHHOLDING - SEMI-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 18, 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 JUN 15

TAX ID

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

FORM W1 1099

EMPLOYER'S WITHHOLDING - SEMI-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	
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 3, 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 JUN 30

TAX ID

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

FORM W1 1099

EMPLOYER'S WITHHOLDING - SEMI-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 JULY 18, 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 15

TAX ID

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

**FORM W1 1099**

**EMPLOYER'S WITHHOLDING - SEMI-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 # \_\_\_\_\_

<p><b>THIS RETURN MUST BE FILED ON OR BEFORE AUGUST 3, 2025</b></p> <p><b>MAKE CHECK OR MONEY ORDER TO:</b> CITY OF ST. BERNARD 110 WASHINGTON AVE. ST. BERNARD OH 45217-1318</p> <p>Voice 513-242-7710 Ext      Fax 513-242-5402</p>
---

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

Period Ending JUL 31

**TAX ID**

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

**FORM W1 1099**

**EMPLOYER'S WITHHOLDING - SEMI-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 # \_\_\_\_\_

<p><b>THIS RETURN MUST BE FILED ON OR BEFORE AUGUST 18, 2025</b></p> <p><b>MAKE CHECK OR MONEY ORDER TO:</b> CITY OF ST. BERNARD 110 WASHINGTON AVE. ST. BERNARD OH 45217-1318</p> <p>Voice 513-242-7710 Ext      Fax 513-242-5402</p>
--

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

Period Ending AUG 15

**TAX ID**

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

**FORM W1 1099**

**EMPLOYER'S WITHHOLDING - SEMI-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 # \_\_\_\_\_

<p><b>THIS RETURN MUST BE FILED ON OR BEFORE SEPTEMBER 3, 2025</b></p> <p><b>MAKE CHECK OR MONEY ORDER TO:</b> CITY OF ST. BERNARD 110 WASHINGTON AVE. ST. BERNARD OH 45217-1318</p> <p>Voice 513-242-7710 Ext      Fax 513-242-5402</p>
--

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

Period Ending AUG 31

**TAX ID**

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

FORM W1 1099

EMPLOYER'S WITHHOLDING - SEMI-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 18, 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 SEP 15

TAX ID

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

FORM W1 1099

EMPLOYER'S WITHHOLDING - SEMI-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 3, 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 SEP 30

TAX ID

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

FORM W1 1099

EMPLOYER'S WITHHOLDING - SEMI-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 18, 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 OCT 15

TAX ID

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

FORM W1 1099

EMPLOYER'S WITHHOLDING - SEMI-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 NOVEMBER 3, 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 OCT 31

TAX ID

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

FORM W1 1099

EMPLOYER'S WITHHOLDING - SEMI-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 NOVEMBER 18, 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 NOV 15

TAX ID

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

FORM W1 1099

EMPLOYER'S WITHHOLDING - SEMI-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 DECEMBER 3, 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 NOV 30

TAX ID

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



**FORM W1 1099**

**EMPLOYER'S WITHHOLDING - SEMI-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	

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 18, 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 DEC 15

**TAX ID**

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

**FORM W1 1099**

**EMPLOYER'S WITHHOLDING - SEMI-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	

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 3, 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 DEC 31

**TAX ID**

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