

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. 0.42 per month.	6		
7. 50%.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2017

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>THIS RETURN MUST BE FILED ON OR BEFORE APRIL 15, 2017</p> <p>MAKE CHECK OR MONEY ORDER TO:</p> <p>VILLAGE OF ST. BERNARD 110 WASHINGTON AVE. ST. BERNARD OH 45217-1318</p> <p>Voice 513-242-7710 Fax 513-242-5402</p>
--

Name _____

And _____

Address _____

Period Ending JAN-FEB-MAR

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		
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Name

And

Address

Tax Year 2017
 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, 2017**

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF ST. BERNARD
 110 WASHINGTON AVE.
 ST. BERNARD OH 45217-1318

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.

1. Number of Taxable Employees.	1		
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Name

And

Address

Tax Year 2017
 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, 2017**

MAKE CHECK OR MONEY ORDER TO:

VILLAGE OF ST. BERNARD
 110 WASHINGTON AVE.
 ST. BERNARD OH 45217-1318

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. 0.42 per month.	6		
7. 50%.	7		
8. Total (Include Interest and Penalty if Due).	8		

Tax Year 2017

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>THIS RETURN MUST BE FILED ON OR BEFORE JANUARY 15, 2018</p> <p>MAKE CHECK OR MONEY ORDER TO:</p> <p>VILLAGE OF ST. BERNARD 110 WASHINGTON AVE. ST. BERNARD OH 45217-1318</p> <p>Voice 513-242-7710 Fax 513-242-5402</p>
--

Name _____

And _____

Address _____

Period Ending OCT-NOV-DEC

TAX ID _____

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