

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 2020

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, 2020**

MAKE CHECK OR MONEY ORDER TO:
 VILLAGE 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.

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 2020

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, 2020
MAKE CHECK OR MONEY ORDER TO:
VILLAGE 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.

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 2020

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, 2020
MAKE CHECK OR MONEY ORDER TO:
VILLAGE 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.

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 2020
 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, 2020

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

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

Period Ending APRIL

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

Name _____

And _____

Address _____

Tax Year 2020
 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, 2020

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

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

Period Ending MAY

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

Tax Year 2020

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, 2020
MAKE CHECK OR MONEY ORDER TO:
VILLAGE 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.

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 2020

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, 2020
MAKE CHECK OR MONEY ORDER TO:
VILLAGE 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.

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 2020

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 SEPTEMBER 15, 2020</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 Ext Fax 513-242-5402</p>

Name _____

And _____

Address _____

Period Ending AUGUST

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

Tax Year 2020

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 OCTOBER 15, 2020</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 Ext Fax 513-242-5402</p>

Name _____

And _____

Address _____

Period Ending SEPTEMBER

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

Tax Year 2020

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, 2020
MAKE CHECK OR MONEY ORDER TO:
VILLAGE 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.

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 2020

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, 2020
MAKE CHECK OR MONEY ORDER TO:
VILLAGE 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 NOVEMBER

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

Tax Year 2020

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, 2021**

MAKE CHECK OR MONEY ORDER TO:
 VILLAGE 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 **DECEMBER**

TAX ID _____

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