

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 2018

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, 2018**

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 JAN 15

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 2018

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, 2018**

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 JAN 31

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 2018

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Signed _____
Title _____ Date _____
Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE FEBRUARY 18, 2018**

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 FEB 15

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 2018

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, 2018**

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 FEB 28

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 2018

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Signed _____

Title _____ Date _____

Phone # _____

THIS RETURN MUST BE FILED ON OR BEFORE MARCH 18, 2018

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 MAR 15

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 2018

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, 2018

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 MAR 31

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 2018

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, 2018

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 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 2018

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 3, 2018

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 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 2018

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 18, 2018

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 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		
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 2018

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 3, 2018

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 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	
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6. interest: 0.50% per month.	6	
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Name

And

Address

Tax Year 2018

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Signed _____

Title _____ Date _____

Phone # _____

THIS RETURN MUST BE FILED ON OR BEFORE JUNE 18, 2018

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 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	
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 2018

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, 2018

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 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	

Name

And

Address

Tax Year 2018

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, 2018

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 JUL 15

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 2018

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 3, 2018**

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 JUL 31

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 2018

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Signed _____
Title _____ Date _____
Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE AUGUST 18, 2018**

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 AUG 15

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 2018

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 3, 2018**

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 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	

Name

And

Address

Tax Year 2018

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Signed _____
Title _____ Date _____
Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE SEPTEMBER 18, 2018**

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 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	

Name

And

Address

Tax Year 2018

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, 2018**

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 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	

Name

And

Address

Tax Year 2018

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Signed _____
Title _____ Date _____
Phone # _____

**THIS RETURN MUST BE FILED ON
OR BEFORE OCTOBER 18, 2018**

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 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		

Name
And
Address

Tax Year 2018

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, 2018**

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 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		

Name
And
Address

Tax Year 2018

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, 2018**

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 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		

Name
And
Address

Tax Year 2018

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, 2018**

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 NOV 30

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 2018

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, 2018**

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 DEC 15

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 2018

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, 2019**

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 DEC 31

TAX ID

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