

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. Total (Include Interest and Penalty if Due). ....	6	

Name \_\_\_\_\_  
 And \_\_\_\_\_  
 Address \_\_\_\_\_

**Tax Year 2008**

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, 2008**

**MAKE CHECK OR MONEY ORDER TO:**

CITY OF ST. BERNARD  
 110 WASHINGTON AVE.  
 ST. BERNARD OH 45217

Voice 513-242-7710 Fax 513-242-5402

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. Total (Include Interest and Penalty if Due). ....	6	

Name

And

Address

Tax Year 2008

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, 2008**

**MAKE CHECK OR MONEY ORDER TO:**

CITY OF ST. BERNARD  
110 WASHINGTON AVE.  
ST. BERNARD OH 45217

Voice 513-242-7710 Fax 513-242-5402

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. Total (Include Interest and Penalty if Due). ....	6	

Name

And

Address

Tax Year 2008

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, 2008**

**MAKE CHECK OR MONEY ORDER TO:**

CITY OF ST. BERNARD  
110 WASHINGTON AVE.  
ST. BERNARD OH 45217

Voice 513-242-7710 Fax 513-242-5402

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. Total (Include Interest and Penalty if Due). ....	6	

Name

And

Address

**Tax Year 2008**

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, 2008**

**MAKE CHECK OR MONEY ORDER TO:**

CITY OF ST. BERNARD  
110 WASHINGTON AVE.  
ST. BERNARD OH 45217

Voice 513-242-7710

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. Total (Include Interest and Penalty if Due). ....	6	

Name

And

Address

**Tax Year 2008**

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, 2008**

**MAKE CHECK OR MONEY ORDER TO:**

CITY OF ST. BERNARD  
110 WASHINGTON AVE.  
ST. BERNARD OH 45217

Voice 513-242-7710

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. Total (Include Interest and Penalty if Due). ....	6	

Name

And

Address

Tax Year 2008

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, 2008**

**MAKE CHECK OR MONEY ORDER TO:**

CITY OF ST. BERNARD  
110 WASHINGTON AVE.  
ST. BERNARD OH 45217

Voice 513-242-7710

Fax 513-242-5402

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. Total (Include Interest and Penalty if Due). ....	6	

Name

And

Address

Tax Year 2008

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, 2008**

**MAKE CHECK OR MONEY ORDER TO:**

CITY OF ST. BERNARD  
110 WASHINGTON AVE.  
ST. BERNARD OH 45217

Voice 513-242-7710

Fax 513-242-5402

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. Total (Include Interest and Penalty if Due). ....	6	

Name

And

Address

Tax Year 2008

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 15, 2008**

**MAKE CHECK OR MONEY ORDER TO:**

CITY OF ST. BERNARD  
110 WASHINGTON AVE.  
ST. BERNARD OH 45217

Voice 513-242-7710 Fax 513-242-5402

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. Total (Include Interest and Penalty if Due). ....	6	

Name

And

Address

Tax Year 2008

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, 2008**

**MAKE CHECK OR MONEY ORDER TO:**

CITY OF ST. BERNARD  
110 WASHINGTON AVE.  
ST. BERNARD OH 45217

Voice 513-242-7710 Fax 513-242-5402

Period Ending SEPTEMBER

TAX ID

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

**FORM W1 1099**

**EMPLOYER'S WITHHOLDING - 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. Total (Include Interest and Penalty if Due). ....	6	

Name \_\_\_\_\_  
 And \_\_\_\_\_  
 Address \_\_\_\_\_

**Tax Year 2008**

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, 2008**

**MAKE CHECK OR MONEY ORDER TO:**

CITY OF ST. BERNARD  
 110 WASHINGTON AVE.  
 ST. BERNARD OH 45217

Voice 513-242-7710 Fax 513-242-5402

Period Ending **OCTOBER**

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

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

**FORM W1 1099**

**EMPLOYER'S WITHHOLDING - 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. Total (Include Interest and Penalty if Due). ....	6	

Name \_\_\_\_\_  
 And \_\_\_\_\_  
 Address \_\_\_\_\_

**Tax Year 2008**

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, 2008**

**MAKE CHECK OR MONEY ORDER TO:**

CITY OF ST. BERNARD  
 110 WASHINGTON AVE.  
 ST. BERNARD OH 45217

Voice 513-242-7710 Fax 513-242-5402

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. Total (Include Interest and Penalty if Due). ....	6	

Name \_\_\_\_\_

And \_\_\_\_\_

Address \_\_\_\_\_

**Tax Year 2008**

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, 2009**

**MAKE CHECK OR MONEY ORDER TO:**

CITY OF ST. BERNARD  
110 WASHINGTON AVE.  
ST. BERNARD OH 45217

Voice 513-242-7710 Fax 513-242-5402

Period Ending **DECEMBER**

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

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