

Tax Year 2024

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

FORM W3 1099
 EMPLOYER'S
 WITHHOLDING
 RECONCILIATION

Voice 513-242-7710 Ext

Fax 513-242-5402

DUE DATE 02/28/2025

Name _____
 And _____
 Address _____

FEDERAL ID NUMBER _____
 NAME OF PERSON
 COMPLETING FORM _____
 LOCAL PHONE NUMBER _____
 NUMBER OF EMPLOYEES LISTED _____

EMPLOYEE W2'S MUST ACCOMPANY THIS FORM

INSTRUCTIONS

1. Attach check payable to CITY OF ST. BERNARD, for difference if withholding exceeds remittance.
2. If remittance exceeds amount withheld, give explanation and request refund below.
3. Attach explanation if column 2 is used.

NOTE: ST. BERNARD'S TAXABLE RATE: 2.1%

ENTER PAYROLL BY QUARTERLY OR MONTHLY TOTALS

Period	(1) Gross Payroll	(2) Payroll Not Subject to Tax	(3) Payroll Subject to Tax	(4) Tax Due	(5) Tax Paid Per Your Records
January	_____	_____	_____	_____	_____
February	_____	_____	_____	_____	_____
March/Qtr-1	_____	_____	_____	_____	_____
April	_____	_____	_____	_____	_____
May	_____	_____	_____	_____	_____
June/Qtr-2	_____	_____	_____	_____	_____
July	_____	_____	_____	_____	_____
August	_____	_____	_____	_____	_____
September/Qtr-3	_____	_____	_____	_____	_____
October	_____	_____	_____	_____	_____
November	_____	_____	_____	_____	_____
December/Qtr-4	_____	_____	_____	_____	_____
TOTALS	=====	=====	=====	=====	=====

TOTAL REMITTANCE MADE _____

Employer - Explain any differences:

DIFFERENCE _____