

Tax Year 2025

FORM W3 1099
EMPLOYER'S
WITHHOLDING
RECONCILIATION

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

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

DUE DATE 02/28/2026

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