

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: 0.750% per month. ....	6		
7. 50%. ....	7		
8. Total (Include Interest and Penalty if Due). ....	8		

Name

And

Address

Tax Year 2026

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 30, 2026

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

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

Period Ending JAN-FEB-MAR

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		
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Name

And

Address

**Tax Year 2026**

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 31, 2026**

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

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

Period Ending APR-MAY-JUN

TAX ID

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

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8. Total (Include Interest and Penalty if Due). ....	8		

Name

And

Address

**Tax Year 2026**

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 31, 2026**

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

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

Period Ending JUL-AUG-SEP

TAX ID

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

1. Number of Taxable Employees. ....	1		
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8. Total (Include Interest and Penalty if Due). ....	8		

Name

And

Address

Tax Year 2026

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 31, 2027

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

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

Period Ending OCT-NOV-DEC

TAX ID

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