

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.

FORM W1 1099**EMPLOYER'S WITHHOLDING - QUARTERLY**

1. Number of Taxable Employees.....	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.....	2	
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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

Name

And

Address

Period Ending APR-MAY-JUN

TAX ID

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

FORM W1 1099**EMPLOYER'S WITHHOLDING - QUARTERLY**

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

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

Name

And

Address

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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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 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.