

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 JANUARY 18, 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 15

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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Title _____ Date _____

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THIS RETURN MUST BE FILED ON
OR BEFORE FEBRUARY 3, 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 31

TAX ID

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

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

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

Period Ending FEB 15

TAX ID

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

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**THIS RETURN MUST BE FILED ON
OR BEFORE MARCH 3, 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 FEB 28

TAX ID

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

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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 MAR 15

TAX ID

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

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Title _____ Date _____

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THIS RETURN MUST BE FILED ON
OR BEFORE APRIL 3, 2026

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

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

Period Ending MAR 31

TAX ID

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110 WASHINGTON AVE.
ST. BERNARD OH 45217-1318

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

Period Ending APR 15

TAX ID

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Title _____ Date _____

Phone # _____

THIS RETURN MUST BE FILED ON
OR BEFORE MAY 3, 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 30

TAX ID

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

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Title _____ Date _____

Phone # _____

THIS RETURN MUST BE FILED ON
OR BEFORE MAY 18, 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 MAY 15

TAX ID

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Title _____ Date _____

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THIS RETURN MUST BE FILED ON
OR BEFORE JUNE 3, 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 MAY 31

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ST. BERNARD OH 45217-1318

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

Period Ending JUN 15

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THIS RETURN MUST BE FILED ON
OR BEFORE JULY 3, 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 JUN 30

TAX ID

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CITY OF ST. BERNARD
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Period Ending JUL 15

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Title _____ Date _____

Phone # _____

THIS RETURN MUST BE FILED ON
OR BEFORE AUGUST 3, 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 31

TAX ID

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Phone # _____

THIS RETURN MUST BE FILED ON
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CITY OF ST. BERNARD
110 WASHINGTON AVE.
ST. BERNARD OH 45217-1318

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

Period Ending AUG 15

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Title _____ Date _____

Phone # _____

THIS RETURN MUST BE FILED ON
OR BEFORE SEPTEMBER 3, 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 AUG 31

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Title _____ Date _____

Phone # _____

THIS RETURN MUST BE FILED ON
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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 SEP 15

TAX ID

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Tax Year 2026

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Title _____ Date _____

Phone # _____

THIS RETURN MUST BE FILED ON
OR BEFORE OCTOBER 3, 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 SEP 30

TAX ID

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

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Phone # _____

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110 WASHINGTON AVE.
ST. BERNARD OH 45217-1318

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

Period Ending OCT 15

TAX ID

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1. Number of Taxable Employees.	1		
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Title _____ Date _____

Phone # _____

THIS RETURN MUST BE FILED ON
OR BEFORE NOVEMBER 3, 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 OCT 31

TAX ID

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110 WASHINGTON AVE.
ST. BERNARD OH 45217-1318

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

Period Ending NOV 15

TAX ID

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THIS RETURN MUST BE FILED ON
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110 WASHINGTON AVE.
ST. BERNARD OH 45217-1318

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

Period Ending NOV 30

TAX ID

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Period Ending DEC 15

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