

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.

**FORM W1 1099****EMPLOYER'S WITHHOLDING - SEMI-MONTHLY**

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	

**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 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

Name

And

Address

Period Ending JAN 31

**TAX ID**

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

**FORM W1 1099****EMPLOYER'S WITHHOLDING - SEMI-MONTHLY**

1. Number of Taxable Employees.....	1	
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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	

**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 FEBRUARY 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

Name

And

Address

Period Ending FEB 15

**TAX ID**

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

**FORM W1 1099****EMPLOYER'S WITHHOLDING - SEMI-MONTHLY**

1. Number of Taxable Employees.....	1	
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7. 50%.....	7	
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 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

Name

And

Address

Period Ending FEB 28

**TAX ID**

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

**FORM W1 1099****EMPLOYER'S WITHHOLDING - SEMI-MONTHLY**

1. Number of Taxable Employees.....	1	
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3. Taxable Earnings (from line 2).....	3	
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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	

**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 MARCH 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

Name

And

Address

Period Ending MAR 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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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

**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 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

Name

And

Address

Period Ending MAR 31

**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
3. Taxable Earnings (from line 2).....	3
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6. interest: 0.750% per month.....	6
7. 50%.....	7
8. Total (Include Interest and Penalty if Due).....	8

**Tax Year 2026**

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Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON  
OR BEFORE APRIL 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

Name

And

Address

Period Ending APR 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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**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 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

Name

And

Address

Period Ending APR 30

## 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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**Tax Year 2026**

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Signed \_\_\_\_\_

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

Name

And

Address

Period Ending MAY 15

## 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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**Tax Year 2026**

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Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

**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

Name

And

Address

Period Ending MAY 31

## 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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**Tax Year 2026**

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Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON  
OR BEFORE JUNE 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

Name

And

Address

Period Ending JUN 15

## TAX ID

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

**FORM W1 1099****EMPLOYER'S WITHHOLDING - SEMI-MONTHLY**

1. Number of Taxable Employees.....	1	
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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 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

Name

And

Address

Period Ending JUN 30

**TAX ID**

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

**FORM W1 1099****EMPLOYER'S WITHHOLDING - SEMI-MONTHLY**

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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 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

Name

And

Address

Period Ending JUL 15

**TAX ID**

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**Tax Year 2026**

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Signed \_\_\_\_\_

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

Name

And

Address

Period Ending JUL 31

**TAX ID**

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

**FORM W1 1099****EMPLOYER'S WITHHOLDING - SEMI-MONTHLY**

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Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON  
OR BEFORE AUGUST 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

Name

And

Address

Period Ending AUG 15

**TAX ID**

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

**FORM W1 1099****EMPLOYER'S WITHHOLDING - SEMI-MONTHLY**

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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 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

Name

And

Address

Period Ending AUG 31

**TAX ID**

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

**FORM W1 1099****EMPLOYER'S WITHHOLDING - SEMI-MONTHLY**

1. Number of Taxable Employees.....	1	
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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 SEPTEMBER 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

Name

And

Address

Period Ending SEP 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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7. 50%.....	7	
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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 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

Name

And

Address

Period Ending SEP 30

## 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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**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 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

Name

And

Address

Period Ending OCT 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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**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 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

Name

And

Address

Period Ending OCT 31

## 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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**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 NOVEMBER 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

Name

And

Address

Period Ending NOV 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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**Tax Year 2026**

I hereby certify that the information and statements contained herein and in any schedules or exhibits attached are true and correct.

Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON  
OR BEFORE DECEMBER 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

Name

And

Address

Period Ending NOV 30

## 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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**Tax Year 2026**

I hereby certify that the information and statements contained herein and in any schedules or exhibits attached are true and correct.

Signed \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_

**THIS RETURN MUST BE FILED ON  
OR BEFORE DECEMBER 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

Name

And

Address

Period Ending DEC 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	
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 3, 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 DEC 31

TAX ID

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