

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 FEBRUARY 15, 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 JANUARY

TAX ID

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

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

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 # \_\_\_\_\_

<b>THIS RETURN MUST BE FILED ON OR BEFORE MARCH 15, 2026</b>
<b>MAKE CHECK OR MONEY ORDER TO:</b> CITY OF ST. BERNARD 110 WASHINGTON AVE. ST. BERNARD OH 45217-1318  Voice 513-242-7710 Ext      Fax 513-242-5402

Period Ending FEBRUARY

TAX ID

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

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

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 # \_\_\_\_\_

<b>THIS RETURN MUST BE FILED ON OR BEFORE APRIL 15, 2026</b>
<b>MAKE CHECK OR MONEY ORDER TO:</b> CITY OF ST. BERNARD 110 WASHINGTON AVE. ST. BERNARD OH 45217-1318  Voice 513-242-7710 Ext      Fax 513-242-5402

Period Ending MARCH

TAX ID

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

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

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 # \_\_\_\_\_

<b>THIS RETURN MUST BE FILED ON OR BEFORE MAY 15, 2026</b>
<b>MAKE CHECK OR MONEY ORDER TO:</b> CITY OF ST. BERNARD 110 WASHINGTON AVE. ST. BERNARD OH 45217-1318
Voice 513-242-7710 Ext      Fax 513-242-5402

Period Ending APRIL

TAX ID

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

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

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 # \_\_\_\_\_

<b>THIS RETURN MUST BE FILED ON OR BEFORE JUNE 15, 2026</b>
<b>MAKE CHECK OR MONEY ORDER TO:</b> CITY OF ST. BERNARD 110 WASHINGTON AVE. ST. BERNARD OH 45217-1318
Voice 513-242-7710 Ext      Fax 513-242-5402

Period Ending MAY

TAX ID

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

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

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 15, 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 JUNE

TAX ID

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

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

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 AUGUST 15, 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 JULY

TAX ID

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

FORM W1 1099                      EMPLOYER'S WITHHOLDING - 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	

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 SEPTEMBER 15, 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 AUGUST

TAX ID

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

FORM W1 1099                      EMPLOYER'S WITHHOLDING - 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	

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 15, 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 SEPTEMBER

TAX ID

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

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

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 NOVEMBER 15, 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 OCTOBER

TAX ID

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

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

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 DECEMBER 15, 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 NOVEMBER

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 15, 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 DECEMBER

TAX ID

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