

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: 0.50% per month. ....	6		
7. 50%. ....	7		
8. Total (Include Interest and Penalty if Due). ....	8		

**Tax Year 2020**

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 # \_\_\_\_\_

<p><b>THIS RETURN MUST BE FILED ON OR BEFORE APRIL 30, 2020</b></p> <p><b>MAKE CHECK OR MONEY ORDER TO:</b></p> <p>VILLAGE OF ST. BERNARD 110 WASHINGTON AVE. ST. BERNARD OH 45217-1318</p> <p>Voice 513-242-7710 Ext      Fax 513-242-5402</p>
---

Name

And

Address

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	
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: 0.50% per month. . . . .	6	
7. 50%. . . . .	7	
8. Total (Include Interest and Penalty if Due). . . . .	8	

Name

And

Address

**Tax Year 2020**  
 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, 2020**  
**MAKE CHECK OR MONEY ORDER TO:**  
 VILLAGE 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.

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: 0.50% per month. . . . .	6	
7. 50%. . . . .	7	
8. Total (Include Interest and Penalty if Due). . . . .	8	

Name

And

Address

**Tax Year 2020**  
 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, 2020**  
**MAKE CHECK OR MONEY ORDER TO:**  
 VILLAGE 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	
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: 0.50% per month. . . . .	6	
7. 50%. . . . .	7	
8. Total (Include Interest and Penalty if Due). . . . .	8	

Name

And

Address

**Tax Year 2020**  
 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, 2021**  
**MAKE CHECK OR MONEY ORDER TO:**  
 VILLAGE 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.