

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 2021

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, 2021**

MAKE CHECK OR MONEY ORDER TO:

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

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

Name

And

Address

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		
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 2021

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, 2021**

MAKE CHECK OR MONEY ORDER TO:

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

Voice 513-242-7710 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.

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		
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 2021

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, 2021**

MAKE CHECK OR MONEY ORDER TO:

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

Voice 513-242-7710 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.

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		
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 2021

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, 2022**

MAKE CHECK OR MONEY ORDER TO:

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

Voice 513-242-7710 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.