FORM W1 1099	EMPLOYER'S WITHHOLDING - MC	DNTHLY	
Number of Taxable Employees	other Compensation	Tax Yea	n and statements contained here
		Signed	
3. Taxable Earnings (from line 2)	3	Title	Date
4. Actual Tax Withheld at 2.100 %	4	Phone #	
5. Adjustments of Tax for Prior Period	5	THIS RETURN MUST	BE FILED ON
6. interest: 0.50% per month	6	OR BEFORE FEBRUA	ARY 15, 2025
7. 50%		MAKE CHECK OR	MONEY ORDER TO:
8. Total (Include Interest and Penalty if Due).	8		T. BERNARD
			NGTON AVE.
Name			OH 45217-1318
And		Voice 513-242-7710 Ext	Fax 513-242-5402

Address

Period Ending JANUARY

TAX ID

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

FORM W1 1099	EMPLOYER'S WITHHOLDIN	G - MONTHLY
Number of Taxable Employees	er Compensation	Tax Year 2025 I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.
		Signed
3. Taxable Earnings (from line 2)	3	Title Date
4. Actual Tax Withheld at 2.100 %		Phone #
5. Adjustments of Tax for Prior Period		THIS RETURN MUST BE FILED ON
6. interest: 0.50% per month		OR BEFORE MARCH 15, 2025
7. 50%		MAKE CHECK OR MONEY ORDER TO:
8. Total (include interest and Penalty If Due)	· · · · · · · · · · · · · · · · · · ·	CITY OF ST. BERNARD
Nama		110 WASHINGTON AVE.
Name		ST. BERNARD OH 45217-1318
And		Voice 513-242-7710 Ext Fax 513-242-5402
Address		
Address		Period Ending FEBRUARY
		TAX ID
		NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
FORM W1 1099	EMPLOYER'S WITHHOLDIN	G - MONTHLY
Number of Taxable Employees	1	Tax Year 2025
2. Total Salaries, Wages, Commissions and other		I hereby certify that the information and statements contained here
paid all employees	2	in and in any schedules or exhibits attached are true and correct.
		Signed
3. Taxable Earnings (from line 2)	3	Title Date
4. Actual Tax Withheld at 2.100 %		Phone #
5. Adjustments of Tax for Prior Period		THIS RETURN MUST BE FILED ON
6. interest: 0.50% per month		OR BEFORE APRIL 15, 2025
8. Total (Include Interest and Penalty if Due)		MAKE CHECK OR MONEY ORDER TO:
o. Fotal (morate interest and Forally in 200)		CITY OF ST. BERNARD
Name		110 WASHINGTON AVE. ST. BERNARD OH 45217-1318
Name		01. BENNAND 011 40211 1010
And		Voice 513-242-7710 Ext Fax 513-242-5402
		73.55 5.15 5.15 5.15 5.15 5.15 5.15 5.15
Address		Period Ending MARCH
		TAX ID
		NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
FORM W1 1099	EMPLOYER'S WITHHOLDI	G - MONTHLY
Number of Taxable Employees	11	
Total Salaries, Wages, Commissions and other		Tax Year 2025
paid all employees	2	I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.
		Signed
3. Taxable Earnings (from line 2)	3	Date
4. Actual Tax Withheld at 2.100 %		Phone #
5. Adjustments of Tax for Prior Period		THIS RETURN MUST BE FILED ON
6. interest: 0.50% per month	6	OR BEFORE MAY 15, 2025
7. 50%	7	MAKE CHECK OR MONEY ORDER TO:
8. Total (Include Interest and Penalty if Due)	8	CITY OF ST. BERNARD
		110 WASHINGTON AVE.
Name		ST. BERNARD OH 45217-1318
And		Voice 513-242-7710 Ext Fax 513-242-5402

Address

TAX ID

Period Ending APRIL

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		Tax Year 2	
paid all employees	. 2	in and in any schedules or exhibits at	
		Signed	
3. Taxable Earnings (from line 2)	3	Title	
4. Actual Tax Withheld at 2.100 %		Phone #	Date
5. Adjustments of Tax for Prior Period.	5	THIS RETURN MUST E	RE ETTED ON
6. interest: 0.50% per month.	6	OR BEFORE JUNE 15	
7. 50%	. /	MAKE CHECK OR MC	
8. Total (Include Interest and Penalty if Due)	. 8	CITY OF ST. B	
		110 WASHING	
Name		ST. BERNARD OF	
And		Voice 513-242-7710 Ext	Fax 513-242-5402
Address		Period Ending MAY	
		TAX ID	
		NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNER	RSHIP OR NAME AND ADDRESS.
FORM W1 1099 EMPLOYER	'S WITHHOLDING -	MONTHLY	
Number of Taxable Employees		Tax Year 2	025
paid all employees.		I hereby certify that the information ar	
		in and in any schedules or exhibits at	
		Signed	
3. Taxable Earnings (from line 2)		Title	Date
4. Actual Tax Withheld at 2.100 %		Phone #	
5. Adjustments of Tax for Prior Period		THIS RETURN MUST E	
6. interest: 0.50% per month	. 7	OR BEFORE JULY 15	
8. Total (Include Interest and Penalty if Due).	8	MAKE CHECK OR MC	
o. Fotal (morado microst and Forlarly in Bab)		CITY OF ST. B	
N		110 WASHING	
Name		ST. BERNARD OF	1 45217-1310
And		Voice 513-242-7710 Ext	Fax 513-242-5402
		Voice 313-242-1110 EX	T dx 313-242-3402
Address		Period Ending JUNE	
		TAX ID	
		NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNER	RSHIP OR NAME AND ADDRESS.
FORM W1 1099 EMPLOYER	'S WITHHOLDING -	MONTHLY	
1. Number of Taxable Employees		Tax Year 2	025
2. Total Salaries, Wages, Commissions and other Compensation		I hereby certify that the information ar	
paid all employees	. 2	in and in any schedules or exhibits at	tached are true and correct.
		Signed	
3. Taxable Earnings (from line 2)	. 3	Title	Date
4. Actual Tax Withheld at 2.100 %	. 4	Phone #	
5. Adjustments of Tax for Prior Period		THIS RETURN MUST E	BE FILED ON
6. interest: 0.50% per month.	. 6	OR BEFORE AUGUST	15, 2025
7. 50%	. [/]	MAKE CHECK OR MO	NEY ORDER TO:
8. Total (Include Interest and Penalty if Due)	. 8	CITY OF ST. B	
		110 WASHING	
Name		ST. BERNARD OF	I 45217-1318
And		Voice 513-242-7710 Ext	Fax 513-242-5402

TAX ID

Period Ending JULY

Address

FORM W1 1099	EMPLOYER'S WITHHOLDI	IG - MONTHLY
Number of Taxable Employees	1	
2. Total Salaries, Wages, Commissions and oth		Tax Year 2025 I hereby certify that the information and statements contained here
paid all employees	2	in and in any schedules or exhibits attached are true and correct.
		Signed
3. Taxable Earnings (from line 2)	2	Date
4. Actual Tax Withheld at 2.100 %		
5. Adjustments of Tax for Prior Period	5	Phone # THIS RETURN MUST BE FILED ON
6. interest: 0.50% per month.	6	OR BEFORE SEPTEMBER 15, 2025
7. 50%	7	,
8. Total (Include Interest and Penalty if Due)		MAKE CHECK OR MONEY ORDER TO:
	•	CITY OF ST. BERNARD 110 WASHINGTON AVE.
Name		ST. BERNARD OH 45217-1318
Name		
And		Voice 513-242-7710 Ext Fax 513-242-5402
Address		Period Ending AUGUST
		_
		TAX ID
		NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
FORM W1 1099	EMPLOYER'S WITHHOLDI	IG - MONTHLY
1. Number of Taxable Employees		Tax Year 2025
2. Total Salaries, Wages, Commissions and oth		I hereby certify that the information and statements contained here
paid all employees	2	in and in any schedules or exhibits attached are true and correct.
		Signed
3. Taxable Earnings (from line 2)		
4. Actual Tax Withheld at 2.100 %		Phone #
5. Adjustments of Tax for Prior Period		THIS RETURN MUST BE FILED ON
6. interest: 0.50% per month		OR BEFORE OCTOBER 15, 2025
7. 50%		MAKE CHECK OR MONEY ORDER TO:
8. Total (Include Interest and Penalty if Due)	8	CITY OF ST. BERNARD
		110 WASHINGTON AVE.
Name		ST. BERNARD OH 45217-1318
And		Voice 513-242-7710 Ext Fax 513-242-5402
Address		Period Ending SEPTEMBER
		_
		TAX ID
		NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
FORM W1 1099	EMPLOYER'S WITHHOLDI	IG - MONTHLY
1. Number of Taxable Employees		Tax Year 2025
2. Total Salaries, Wages, Commissions and oth		I hereby certify that the information and statements contained here
paid all employees	2	in and in any schedules or exhibits attached are true and correct.
		Signed
3. Taxable Earnings (from line 2)	3	Date
4. Actual Tax Withheld at 2.100 %		Phone #
5. Adjustments of Tax for Prior Period		THIS RETURN MUST BE FILED ON
6. interest: 0.50% per month		OR BEFORE NOVEMBER 15, 2025
7. 50%		MAKE CHECK OR MONEY ORDER TO:
8. Total (Include Interest and Penalty if Due)		CITY OF ST. BERNARD
		110 WASHINGTON AVE.
Name		ST. BERNARD OH 45217-1318
Hamo		51. 5E14.54.0 011 40217 1010
And		Voice 513-242-7710 Ext Fax 513-242-5402
		10100 010 E42 1110 EAC 1107-242-0402

Period Ending OCTOBER

TAX ID

Address

1 Number of Tayable Casalayasa	
1. Number of Taxable Employees	Tax Year 2025
paid all employees	I hereby certify that the information and statements contained here
	in and in any schedules or exhibits attached are true and correct.
	Signed
3. Taxable Earnings (from line 2)	Title Date
4. Actual Tax Withheld at 2.100 %	Phone #
5. Adjustments of Tax for Prior Period	THIS RETURN MUST BE FILED ON
6. interest: 0.50% per month	OR BEFORE DECEMBER 15, 2025
7. 50%	MAKE CHECK OR MONEY ORDER TO:
3. Total (Include Interest and Penalty if Due)	CITY OF ST. BERNARD
	110 WASHINGTON AVE.
Name	ST. BERNARD OH 45217-1318
And	Voice 513-242-7710 Ext Fax 513-242-5402
Address	Period Ending NOVEMBER
	TAX ID
	NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
1. Number of Taxable Employees	NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS. ING - MONTHLY Tax Year 2025
1. Number of Taxable Employees	NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS. ING - MONTHLY Tax Year 2025
1. Number of Taxable Employees	NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS. ING - MONTHLY Tax Year 2025 I hereby certify that the information and statements contained here
1. Number of Taxable Employees	NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS. TAX Year 2025 I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct. Signed
1. Number of Taxable Employees	NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS. TAX Year 2025 I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct. Signed
1. Number of Taxable Employees	NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS. TAX Year 2025 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
1. Number of Taxable Employees	Tax Year 2025 I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct. Signed Title Phone # THIS RETURN MUST BE FILED ON
1. Number of Taxable Employees	Tax Year 2025 I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct. Signed Title Phone # THIS RETURN MUST BE FILED ON OR BEFORE JANUARY 15, 2026
1. Number of Taxable Employees	Tax Year 2025 I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct. Signed Title Phone # THIS RETURN MUST BE FILED ON OR BEFORE JANUARY 15, 2026 MAKE CHECK OR MONEY ORDER TO:
1. Number of Taxable Employees	Tax Year 2025 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, 2026 MAKE CHECK OR MONEY ORDER TO: CITY OF ST. BERNARD
1. Number of Taxable Employees	Tax Year 2025 I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct. Signed Title Phone # THIS RETURN MUST BE FILED ON OR BEFORE JANUARY 15, 2026 MAKE CHECK OR MONEY ORDER TO:
1. Number of Taxable Employees	Tax Year 2025 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, 2026 MAKE CHECK OR MONEY ORDER TO: CITY OF ST. BERNARD 110 WASHINGTON AVE.
1. Number of Taxable Employees	Tax Year 2025 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, 2026 MAKE CHECK OR MONEY ORDER TO: CITY OF ST. BERNARD 110 WASHINGTON AVE.
1	Tax Year 2025 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, 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
1. Number of Taxable Employees	Tax Year 2025 I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct. Signed Title Phone # THIS RETURN MUST BE FILED ON OR BEFORE JANUARY 15, 2026 MAKE CHECK OR MONEY ORDER TO: CITY OF ST. BERNARD 110 WASHINGTON AVE. ST. BERNARD OH 45217-1318

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