

Tax Year 2018

**CITY OF SHELBY TAX DEPT.
43 WEST MAIN STREET
SHELBY OH 44875**



FORM W3 1100 183303
EMPLOYER'S
WITHHOLDING 00001
RECONCILIATION

Voice 419-342-5885 Ext Fax 419-347-1193

DUE DATE 02/28/2019

Name _____
And _____
Address _____

FEDERAL ID NUMBER _____
NAME OF PERSON _____
COMPLETING FORM _____
LOCAL PHONE NUMBER _____
NUMBER OF EMPLOYEES LISTED _____

EMPLOYEE W2'S MUST ACCOMPANY THIS FORM

INSTRUCTIONS

1. Attach check payable to City of Shelby Tax Dept., for difference if withholding exceeds remittance.
2. If remittance exceeds amount withheld, give explanation and request refund below.
3. Attach explanation if column 2 is used.

***Enclose 1099's if work was performed within the City. Taxable wages as reported on the W-2's OR 1099's reflect wages paid to individuals working and/or living within Shelby and eighteen (18) years of age or older.**

ENTER PAYROLL BY QUARTERLY OR MONTHLY TOTALS

Period	(1) Gross Payroll	(2) Payroll Not Subject to Tax	(3) Payroll Subject to Tax	(4) Tax Due	(5) Tax Paid Per Your Records
January	_____	_____	_____	_____	_____
February	_____	_____	_____	_____	_____
March/Qtr-1	_____	_____	_____	_____	_____
April	_____	_____	_____	_____	_____
May	_____	_____	_____	_____	_____
June/Qtr-2	_____	_____	_____	_____	_____
July	_____	_____	_____	_____	_____
August	_____	_____	_____	_____	_____
September/Qtr-3	_____	_____	_____	_____	_____
October	_____	_____	_____	_____	_____
November	_____	_____	_____	_____	_____
December/Qtr-4	_____	_____	_____	_____	_____
TOTALS	=====	=====	=====	=====	=====

TOTAL REMITTANCE MADE _____

Employer - Explain any differences:

DIFFERENCE _____