Tax Office Use Only : Tax Office Use Only :	INCOME TAX	(RETURN		
TOTAL TAX LIABILITY	SHELBY		Taxpayer's Social Security No.	
TOTAL TAX	ATTACH ALL COPIES		Home Telephone No	o. Business Telephone No.
PAID W/ RETURN CHECK #	AND FEDERAL SCHEDULES TAXES WITHHELD FROM OTHER CITIES		Spouse's Social Security No.	
	LIMITED TO	ONLY.	Spouse's Name	
CASH			Home Telephone No	b. Business Telephone No.
Name		Filing Status		IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES
And		□ Single		INTO / /
		□ Married filing joint		OUT OF / /
Address		IF YOU RENT	 , PLEASE GIVE LANDLOF	L RDS INFORMATION
		NAME	,	
		ADDRESS		
Income				
1 Wages, salaries, etc.	Use Box 5 o			
2 Other taxable income from Worksheet B / 210	6 Expense Largest Wag Amount on V			
3 Total taxable income (add lines 1 and 2)	Amount on v	112		3
Tax and Credits				
4 Shelby tax due before credits (of line 3)		r [4
5 Estimated tax payments made to Shelby6 Taxes withheld and paid to Shelby - (DO NOT)		5 0 8) 6		
7 Overpayment from prior year(s)	INCLUDE SCHOOL IAX SD 70	7		
8 Taxes withheld and paid to other localities (Ma	ximum Credit)	8		
9 Total credits (add lines 5 through 8)	, , , , , , , , , , , , , , , , , , ,			9
Refund (Issued if tax due is greater than)				
10 If line 9 is greater than line 4, subtract line 4 fr	om line 9. This is the amount yo	u overpaid		10
11 Amount of line 10 to be credited to next years estimate 11				
12 Amount of line 10 to be refunded (\$5.00 or gre	ater)	12		
Tax Due (Issued if tax due is greater than)				
13 If line 4 is more than line 9, subtract line 9 from	n 4, this is the tax amount you o	we		13
14 Penalties and interest Late File / Pay	Interest			14
Declaration of Estimate for				
15 Estimated taxable income		15		
16 Estimated tax due. (multiply line 15 by)		[16
17 Taxes to be withheld and paid to Shelby and o		17		
18 Prior credit applied to estimated tax payments	,	18		10
19 Net estimated tax due (subtract line 17 & 18 fr 20 Minimum amount due for first quarter (multiply	,	20		19
Amount You Owe	inte 19 by .25)	20		
21 Total amount due (add lines 13 and 14)				21
THE UNDERSIGNED DECLARES THAT THIS RETURN (AND ACC	OMPANYING SCHEDULES) IS A TRUE, (CORRECT	MAKE CHECK (OR MONEY ORDER TO:
AND COMPLETE RETURN FOR THE TAXABLE PERIOD STATED AND THAT THE FIGURES USED HEREIN ARE THE SAME AS USED FOR FEDERAL INCOME TAX PURPOSES.			CITY OF SHELBY TAX DEPT.	
			43 WES	T MAIN STREET
				BY OH 44875
Taxpayer's Signature	Date			
raspayor o orginatoro	Duio			885 Fax 419-347-1193
Spouse's Signature	Date		WWW.S	SHELBYOHIO.ORG
opoulo o orginaturo	Duio	L		
Tax Preparer's Signature	Date			

INDIVIDUAL -

(If other than taxpayer) Phone No._____

We, the taxpayer, elect to authorize a return preparer to communicate with the tax administrator about matters pertaining to this return. By making this election, we, the taxpayer, authorizes the tax administrator to contact the return preparer concerning questions that arise during the processing of the return and authorizes the return preparer only to provide the administrator with information that is missing from the return, to contact the administrator for information about the processing of the return or the status of the taxpayer's refund or payments, and to respond to notices about mathematical errors, offsets, or return preparation that the taxpayer has received from the administrator and has shown to the return preparer.

WORKSHEET A - SALARIES AND WAGES (W-2 INCOME)

Column 1	Column 2	Column 3	Column 4	Column 5
Employer, City, State	Income From Each W-2	2106 Expenses, If Any	Shelby Tax Withheld	Other City Tax Withheld*
Α.				
В.				
С.				
D.				
E.				
F.				
G.				
Η.				
Ι.				
Totals				
ENTER ON:	Line 1	Line 2	Line 6	Line 8

* Other City Tax Withheld (Column 5) cannot exceed of Income from Each W-2 (Column 2) Income Reduced by 2106 and earned in another city must also reduce the tax withheld for that city by the same percentage.

If 2106 expenses, please include copy of federal forms 2106, 1040, and Schedule A

WORKSHEET B - OTHER INCOME

1. Schedule C (If taxes paid to other cities, attach other cities' returns)

(A)	(B)	(C)	(D)	(C times D)
Business Name	Business Address	Net Profit/(Loss)	Allocation Percentage	Amount Subject to Tax
Α.				
В.				

TOTAL (1))\$
-----------	-----

TOTAL (2) \$

2. Schedule E - Income From Rents (Attach Federal Schedule E)

3. Schedule O - Other Income Not Included in Schedules C or E (Attach Federal Schedules) Income from Partnerships, Estates, Trusts, Fees, Etc.

Received From Name/ID #	For (Description and/or Location)	Amount
Α.		
В.		

TOTAL (3) <u></u>\$

TOTAL OTHER INCOME (Add lines 1-3) Enter on Final Return Line 2

NOTE: The net loss from an unincorporated business activity may not be used to offset salaries, wages, commissions or other compensation. However, if a taxpayer is engaged in two or more taxable business activities to be included on the same return, the net loss of one unincorporated business activity may be used to offset the profits of another for purposes of arriving at overall net profits. [Final Return Line 4 Cannot Be Less Than Zero, If You Have W-2 Income]

WORKSHEET C

EXEMPTION

I AM EXEMPT BECAUSE:					
I AM RETIRED AND HAVE NO TAXABLE INCOME - DATE RETIRED	TAXPAYER	SPOUSE			
LI AM UNDER 18 YEARS OF AGE - BIRTH DATE VERIFICATION IS NE	EDED.	If Applicable			
□ I HAD NO TAXABLE INCOME IN □ ACTIVE MILITARY* □	UNEMPLOYED DISABLED				
	PENSION* *VERIFICATION REQUIRED				
NOTE: IF YOU ARE EXEMPT- STOP HERE, SIGN, DATE AND MAIL YOUR RETURN.					