

**INDIVIDUAL -
INCOME TAX RETURN
SHELBY**

**ATTACH ALL COPIES OF W-2'S, 1099'S,
AND FEDERAL SCHEDULES
TAXES WITHHELD FROM OTHER CITIES
LIMITED TO ONLY.**

Tax Office Use Only : Tax Office Use Only :	
TOTAL TAX LIABILITY _____	
TOTAL TAX PAID W/ RETURN _____	
CHECK # _____	
CASH _____	

Taxpayer's Social Security No. _____	
Home Telephone No. _____	Business Telephone No. _____
Spouse's Social Security No. _____	
Spouse's Name _____	
Home Telephone No. _____	Business Telephone No. _____
Filing Status	<input type="checkbox"/> RESIDENT
<input type="checkbox"/> Single	<input type="checkbox"/> NON-RESIDENT
<input type="checkbox"/> Married filing joint	
IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES	
	INTO / /
	OUT OF / /
IF YOU RENT, PLEASE GIVE LANDLORDS INFORMATION	
NAME _____	
ADDRESS _____	

Name _____
And _____
Address _____

Income	Use Box 5 or Largest Wage Amount on W2	
1 Wages, salaries, etc.	1	_____
2 Other taxable income from Worksheet B / 2106 Expense	2	_____
3 Total taxable income (add lines 1 and 2)		3 _____

Tax and Credits		
4 Shelby tax due before credits (of line 3)		4 _____
5 Estimated tax payments made to Shelby	5	_____
6 Taxes withheld and paid to Shelby - (DO NOT INCLUDE SCHOOL TAX SD 7008)	6	_____
7 Overpayment from prior year(s)	7	_____
8 Taxes withheld and paid to other localities (Maximum 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 from line 9. This is the amount you 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 greater)	12	_____

Tax Due (Issued if tax due is greater than)		
13 If line 4 is more than line 9, subtract line 9 from 4, this is the tax amount you owe		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 other localities (Limit)	17	_____
18 Prior credit applied to estimated tax payments (From line 11)	18	_____
19 Net estimated tax due (subtract line 17 & 18 from 16)		19 _____
20 Minimum amount due for first quarter (multiply line 19 by .25)	20	_____

Amount You Owe		
21 Total amount due (add lines 13 and 14)		21 _____

THE UNDERSIGNED DECLARES THAT THIS RETURN (AND ACCOMPANYING SCHEDULES) IS A TRUE, CORRECT AND COMPLETE RETURN FOR THE TAXABLE PERIOD STATED AND THAT THE FIGURES USED HEREIN ARE THE SAME AS USED FOR FEDERAL INCOME TAX PURPOSES.

Taxpayer's Signature _____	Date _____
Spouse's Signature _____	Date _____
Tax Preparer's Signature _____	Date _____
(If other than taxpayer) Phone No. _____	

**MAKE CHECK OR MONEY ORDER TO:
CITY OF SHELBY TAX DEPT.

43 WEST MAIN STREET
SHELBY OH 44875

Voice 419-342-5885 Fax 419-347-1193
WWW.SHELBYOHIO.ORG**

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.

