FUKIVI WI 1100 195/09 EMPLOYER	'S WITHHOLDING - MONTHLY	00001 Filled blind from third field had not been been been been been been been bee
Number of Taxable Employees. Total Salaries, Wages, Commissions and other Compensation	. 1	
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	Title Date
4. Actual Tax Withheld at 0.000 %		Phone #
5. Adjustments of Tax for Prior Period		THIS RETURN MUST BE FILED ON
6. Interest- 0.50% per month.	6	OR BEFORE FEBRUARY 15, 2020
7. Penalty-50% Failure to File. 8. Total (Include Interest and Penalty if Due).	8	MAKE CHECK OR MONEY ORDER TO:
(and and and and and and and and	· <u> </u>	CITY OF SHELBY TAX DEPT.
Name		43 WEST MAIN STREET SHELBY OH 44875
And	- • •	Voice 419-342-5885 Ext Fax 419-347-1193
Address		
		Period Ending JANUARY
		TAX ID
	NOTIFY INC	COME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
		ww.,
	S WITHHOLDING - MONTHLY	00002
Number of Taxable Employees		-Tax Year 2020
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.
3. Taxable Earnings (from line 2)	3	Signed
4. Actual Tax Withheld at 0.000 %.		Title Date
5. Adjustments of Tax for Prior Period		Phone #
6. Interest- 0.50% per month.	6	THIS RETURN MUST BE FILED ON OR BEFORE MARCH 15, 2020
7. Penalty-50% Failure to File	7	
8. Total (Include Interest and Penalty if Due)	8	MAKE CHECK OR MONEY ORDER TO: CITY OF SHELBY TAX DEPT.
		43 WEST MAIN STREET
Name		SHELBY OH 44875
And	•	*
·		Voice 419-342-5885 Ext Fax 419-347-1193
Address	1	
		Period Ending FEBRUARY
		TAX ID
	NOTIFY INCO	OME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
	•	
FORM W1 1100 195711 EMPLOYER'S	WITHHOLDING - MONTHLY	
1. Number of Taxable Employees.	1	
Total Salaries, Wages, Commissions and other Compensation paid all employees.		Tax Year 2020 I hereby certify that the information and statements contained here
	۷	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 0.000 %		Phone #
5. Adjustments of Tax for Prior Period	5	THIS RETURN MUST BE FILED ON
7. Penalty-50% Failure to File.	7	OR BEFORE APRIL 15, 2020
3. Total (Include Interest and Penalty if Due).		MAKE CHECK OR MONEY ORDER TO:
·- , · · · · · · · · · · · · · · · · · ·		CITY OF SHELBY TAX DEPT.
Name		43 WEST MAIN STREET
		SHELBY OH 44875
And		Voice 419-342-5885 Ext Fax 419-347-1193
Address		1 dx 410-047-1195
Address		_

Period Ending MARCH

FORM W1 1100 195712 EMPLOYER'S	WITHHOLDING - MONTHLY	00004
1. Number of Taxable Employees	1	
2. Total Salaries, Wages, Commissions and other Compensation		I hereby certify that the information and statements contained here
paid all employees.		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 0.000 %	[4]	Phone #
5. Adjustments of Tax for Prior Period	5	THIS RETURN MUST BE FILED ON
6. Interest- 0.50% per month	7	OR BEFORE MAY 15, 2020
8. Total (Include Interest and Penalty if Due),	8.	MAKE CHECK OR MONEY ORDER TO: CITY OF SHELBY TAX DEPT.
		43 WEST MAIN STREET
Name		SHELBY OH 44875
, and a second s		
And		Voice 419-342-5885 Ext Fax 419-347-1193
Address		Period Ending APRIL
		TAX ID
	NOTIFY INCOME	TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
•		
		A DATE OF THE STATE OF THE STAT
FORM W1 1100 195713 EMPLOYER'S	S WITHHOLDING - MONTHLY	
1. Number of Taxable Employees		Tax Year 2020
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.		I hereby certify that the information and statements contained here
paid all employees		in and in any schedules or exhibits attached are true and correct.
		Signed Date
3. Taxable Earnings (from line 2)		Title Date
4. Actual Tax Withheld at 0.000 %		Phone #
5. Adjustments of Tax for Prior Period	6	OR BEFORE JUNE 15, 2020
6. Interest- 0.50% per month	7	MAKE CHECK OR MONEY ORDER TO:
8. Total (Include Interest and Penalty if Due)	8	CITY OF SHELBY TAX DEPT.
·		43 WEST MAIN STREET
Name		SHELBY OH 44875
		. "
And		Voice 419-342-5885 Ext Fax 419-347-1193
	3 	
Address		Period Ending MAY
	•	TAX ID
	NOTIFY INCOME	TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
,		
FORM W1 1100 195714 EMPLOYER'S	S WITHHOLDING - MONTHLY	00006
1. Number of Taxable Employees	1	Tax Year 2020
2. Total Salaries, Wages, Commissions and other Compensation paid all employees		I hereby certify that the information and statements contained here
paid all onipioyees.		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 0.000 %	5	Phone # THIS RETURN MUST BE FILED ON
Adjustments of Tax for Prior Period. Interest- 0.50% per month.	6	OR BEFORE JULY 15, 2020
7. Penalty-50% Failure to File.	7.	MAKE CHECK OR MONEY ORDER TO:
8. Total (Include Interest and Penalty if Due)	8	CITY OF SHELBY TAX DEPT.
		43 WEST MAIN STREET
Name		SHELBY OH 44875
- -		
And		Voice 419-342-5885 Ext Fax 419-347-1193

Period Ending JUNE

Address

FORM W1 1100 195715	EMPLOYER'S	WITHHOLDING - MONTHLY	. 00007
1. Number of Taxable Employees			Tax Year 2020
Total Salaries, Wages, Commissions an paid all employees		2	I hereby certify that the information and statements contained here
		2	in and in any schedules or exhibits attached are true and correct.
2. Tayahla Farninga /fram lina 2)	· .	3.	Signed Date
 Taxable Earnings (from line 2) Actual Tax Withheld at 0.000 % 			Phone #
5. Adjustments of Tax for Prior Period		5	THIS RETURN MUST BE FILED ON
6. Interest- 0.50% per month	7.5	61	OR BEFORE AUGUST 15, 2020
7. Penalty-50% Failure to File		7	MAKE CHECK OR MONEY ORDER TO:
8. Total (Include Interest and Penalty if Due	e)	8	CITY OF SHELBY TAX DEPT.
			43 WEST MAIN STREET
Name			SHELBY OH 44875
And	,	Commence of the commence of th	Voice 419-342-5885 Ext Fax 419-347-1193
7 1113			Voice 415-542-5005 Ext 1-8X 415-547-1155
Address			Period Ending JULY
	, i.e.		TAX ID
		NOTIFY INC	COME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
			TOWNE THE DEFANTMENT FROM FILL OF ANY STANGE IN SYMPLICAL FOR MANUE AND ADDITIONS.
FORM W1 1100 195716	EMPLOYER'S	WITHHOLDING - MONTHLY	00008
Number of Taxable Employees		1	Tax Year 2020
2. Total Salaries, Wages, Commissions an paid all employees			I hereby certify that the information and statements contained here
paid all employees		21	in and in any schedules or exhibits attached are true and correct.
			Signed
3. Taxable Earnings (from line 2)			TitleDate
4. Actual Tax Withheld at 0.000 %			Phone #
5. Adjustments of Tax for Prior Period 6. Interest- 0.50% per month		6	THIS RETURN MUST BE FILED ON
7. Penalty-50% Failure to File		7	OR BEFORE SEPTEMBER 15, 2020
8. Total (Include Interest and Penalty if Due)	8	MAKE CHECK OR MONEY ORDER TO: CITY OF SHELBY TAX DEPT.
			43 WEST MAIN STREET
Name			SHELBY OH 44875
And			Voice 419-342-5885 Ext Fax 419-347-1193
Address			Deviced Facilities ALICHOT
Address			Period Ending AUGUST
			TAX ID
		NOTIFY INC	OME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
FORM W1 1100 195717	EMPLOYER'S	WITHHOLDING - MONTHLY	
Number of Taxable Employees	14	1	
2. Total Salaries, Wages, Commissions an			Tax Year 2020 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 0.000 %	,:	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 OCTOBER 15, 2020
7. Penalty-50% Failure to File		/ 8	MAKE CHECK OR MONEY ORDER TO:
Total (Include Interest and Penalty if Due)	V	CITY OF SHELBY TAX DEPT.
			43 WEST MAIN STREET
Name			SHELBY OH 44875
And			Voice 419-342-5885 Ext Fax 419-347-1193
		-	1 dx 410-047-1100

Address

Period Ending SEPTEMBER

FORM W1 1100 195718	EMPLOYER'S WITHHOLDING - MONTHLY	00010
Number of Taxable Employees		Tax Year 2020
2. Total Salaries, Wages, Commissions and oth paid all employees	er Compensation	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 0.000 %	4	Phone #
5. Adjustments of Tax for Prior Period		THIS RETURN MUST BE FILED ON
6. Interest- 0.50% per month		OR BEFORE NOVEMBER 15, 2020
7. Penalty-50% Failure to File.		MAKE CHECK OR MONEY ORDER TO:
8. Total (Include Interest and Penalty if Due)		CITY OF SHELBY TAX DEPT.
Name		43 WEST MAIN STREET SHELBY OH 44875
· A I		
And		Voice 419-342-5885 Ext Fax 419-347-1193
Address		Daried Ending OCTOPED
- Address		Period Ending OCTOBER
· · · · · · · · · · · · · · · · · · ·		TAX ID
	NOTIFY INCOME	E TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
		· '
FORM W1 1100 195719	EMPLOYER'S WITHHOLDING - MONTHLY	
		00011
 Number of Taxable Employees. Total Salaries, Wages, Commissions and oth 		Tax Year 2020
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.
1		
0.77		Signed
3. Taxable Earnings (from line 2)		Title Date
4. Actual Tax Withheld at 0.000 % 5. Adjustments of Tax for Prior Period		Phone # THIS RETURN MUST BE FILED ON
6. Interest- 0.50% per month		OR BEFORE DECEMBER 15, 2020
7. Penalty-50% Failure to File.	7	MAKE CHECK OR MONEY ORDER TO:
8. Total (Include Interest and Penalty if Due)		CITY OF SHELBY TAX DEPT.
·		43 WEST MAIN STREET
Name		SHELBY OH 44875
	•	?
And		Voice 419-342-5885 Ext Fax 419-347-1193
	1	
Address		Period Ending NOVEMBER
		TAX ID
. · ·	NOTIFY INCOME	E TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
FORM W1 1100 195720	EMPLOYER'S WITHHOLDING - MONTHLY	00012
Number of Taxable Employees		Tax Year 2020
2. Total Salaries, Wages, Commissions and oth	i i	I hereby certify that the information and statements contained here
paid all employees		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 0.000 %		Phone #
5. Adjustments of Tax for Prior Period		THIS RETURN MUST BE FILED ON
6. Interest- 0.50% per month	7	OR BEFORE JANUARY 15, 2021
7. Penalty-50% Failure to File. 8. Total (Include Interest and Penalty if Due).		MAKE CHECK OR MONEY ORDER TO:
o. Fotal (include interest and Penalty if Due)		CITY OF SHELBY TAX DEPT.
		43 WEST MAIN STREET
Name _		SHELBY OH 44875
- And		Voice 410 342 5985 Evt Eav 410 347 1403
		Voice 419-342-5885 Ext Fax 419-347-1193

Period Ending DECEMBER

Address