



| | | |
|--|---|--|
| 1. Number of Taxable Employees..... | 1 | |
| 2. Total Salaries, Wages, Commissions and other Compensation paid all employees..... | 2 | |
| 3. Taxable Earnings (from line 2)..... | 3 | |
| 4. Actual Tax Withheld at 0.000 %..... | 4 | |
| 5. Adjustments of Tax for Prior Period..... | 5 | |
| 6. Interest- 0.50% per month..... | 6 | |
| 7. Penalty-50% Failure to File..... | 7 | |
| 8. Total (Include Interest and Penalty if Due)..... | 8 | |

Tax Year 2020

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 FEBRUARY 15, 2020

MAKE CHECK OR MONEY ORDER TO:

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

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

Name

And

Address

Period Ending JANUARY

TAX ID

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



| | | |
|--|---|--|
| 1. Number of Taxable Employees..... | 1 | |
| 2. Total Salaries, Wages, Commissions and other Compensation paid all employees..... | 2 | |
| 3. Taxable Earnings (from line 2)..... | 3 | |
| 4. Actual Tax Withheld at 0.000 %..... | 4 | |
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| 6. Interest- 0.50% per month..... | 6 | |
| 7. Penalty-50% Failure to File..... | 7 | |
| 8. Total (Include Interest and Penalty if Due)..... | 8 | |

Tax Year 2020

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 MARCH 15, 2020

MAKE CHECK OR MONEY ORDER TO:

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

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

Name

And

Address

Period Ending FEBRUARY

TAX ID

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



| | | |
|--|---|--|
| 1. Number of Taxable Employees..... | 1 | |
| 2. Total Salaries, Wages, Commissions and other Compensation paid all employees..... | 2 | |
| 3. Taxable Earnings (from line 2)..... | 3 | |
| 4. Actual Tax Withheld at 0.000 %..... | 4 | |
| 5. Adjustments of Tax for Prior Period..... | 5 | |
| 6. Interest- 0.50% per month..... | 6 | |
| 7. Penalty-50% Failure to File..... | 7 | |
| 8. Total (Include Interest and Penalty if Due)..... | 8 | |

Tax Year 2020

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 APRIL 15, 2020

MAKE CHECK OR MONEY ORDER TO:

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

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

Name

And

Address

Period Ending MARCH

TAX ID

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



| | | |
|--|---|--|
| 1. Number of Taxable Employees..... | 1 | |
| 2. Total Salaries, Wages, Commissions and other Compensation paid all employees..... | 2 | |
| 3. Taxable Earnings (from line 2)..... | 3 | |
| 4. Actual Tax Withheld at 0.000 %..... | 4 | |
| 5. Adjustments of Tax for Prior Period..... | 5 | |
| 6. Interest- 0.50% per month..... | 6 | |
| 7. Penalty-50% Failure to File..... | 7 | |
| 8. Total (Include Interest and Penalty if Due)..... | 8 | |

Tax Year 2020

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 MAY 15, 2020

MAKE CHECK OR MONEY ORDER TO:

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

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

Name

And

Address

Period Ending APRIL

TAX ID

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



| | | |
|--|---|--|
| 1. Number of Taxable Employees..... | 1 | |
| 2. Total Salaries, Wages, Commissions and other Compensation paid all employees..... | 2 | |
| 3. Taxable Earnings (from line 2)..... | 3 | |
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| 5. Adjustments of Tax for Prior Period..... | 5 | |
| 6. Interest- 0.50% per month..... | 6 | |
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| 8. Total (Include Interest and Penalty if Due)..... | 8 | |

Tax Year 2020

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 JUNE 15, 2020

MAKE CHECK OR MONEY ORDER TO:

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

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

Name

And

Address

Period Ending MAY

TAX ID

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



| | | |
|--|---|--|
| 1. Number of Taxable Employees..... | 1 | |
| 2. Total Salaries, Wages, Commissions and other Compensation paid all employees..... | 2 | |
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| 8. Total (Include Interest and Penalty if Due)..... | 8 | |

Tax Year 2020

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 JULY 15, 2020

MAKE CHECK OR MONEY ORDER TO:

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

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

Name

And

Address

Period Ending JUNE

TAX ID

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



| | | |
|--|---|--|
| 1. Number of Taxable Employees..... | 1 | |
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| 6. Interest- 0.50% per month..... | 6 | |
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| 8. Total (Include Interest and Penalty if Due)..... | 8 | |

Tax Year 2020

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 AUGUST 15, 2020**

MAKE CHECK OR MONEY ORDER TO:
CITY OF SHELBY TAX DEPT.
43 WEST MAIN STREET
SHELBY OH 44875

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

Name

And

Address

Period Ending JULY

TAX ID

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



| | | |
|--|---|--|
| 1. Number of Taxable Employees..... | 1 | |
| 2. Total Salaries, Wages, Commissions and other Compensation paid all employees..... | 2 | |
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| 6. Interest- 0.50% per month..... | 6 | |
| 7. Penalty-50% Failure to File..... | 7 | |
| 8. Total (Include Interest and Penalty if Due)..... | 8 | |

Tax Year 2020

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 SEPTEMBER 15, 2020**

MAKE CHECK OR MONEY ORDER TO:
CITY OF SHELBY TAX DEPT.
43 WEST MAIN STREET
SHELBY OH 44875

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

Name

And

Address

Period Ending AUGUST

TAX ID

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



| | | |
|--|---|--|
| 1. Number of Taxable Employees..... | 1 | |
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| 6. Interest- 0.50% per month..... | 6 | |
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| 8. Total (Include Interest and Penalty if Due)..... | 8 | |

Tax Year 2020

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 OCTOBER 15, 2020**

MAKE CHECK OR MONEY ORDER TO:
CITY OF SHELBY TAX DEPT.
43 WEST MAIN STREET
SHELBY OH 44875

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

Name

And

Address

Period Ending SEPTEMBER

TAX ID

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



| | | |
|--|---|--|
| 1. Number of Taxable Employees..... | 1 | |
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| 5. Adjustments of Tax for Prior Period..... | 5 | |
| 6. Interest- 0.50% per month..... | 6 | |
| 7. Penalty-50% Failure to File..... | 7 | |
| 8. Total (Include Interest and Penalty if Due)..... | 8 | |

Tax Year 2020

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 NOVEMBER 15, 2020

MAKE CHECK OR MONEY ORDER TO:

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

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

Name

And

Address

Period Ending OCTOBER

TAX ID

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



| | | |
|--|---|--|
| 1. Number of Taxable Employees..... | 1 | |
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| 6. Interest- 0.50% per month..... | 6 | |
| 7. Penalty-50% Failure to File..... | 7 | |
| 8. Total (Include Interest and Penalty if Due)..... | 8 | |

Tax Year 2020

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 DECEMBER 15, 2020

MAKE CHECK OR MONEY ORDER TO:

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

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

Name

And

Address

Period Ending NOVEMBER

TAX ID

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



| | | |
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Tax Year 2020

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, 2021

MAKE CHECK OR MONEY ORDER TO:

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

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

Name

And

Address

Period Ending DECEMBER

TAX ID

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