



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 30, 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

Table with 8 rows for tax calculation: 1. Number of Taxable Employees, 2. Total Salaries, Wages, Commissions and other Compensation paid all employees, 3. Taxable Earnings (from line 2), 4. Actual Tax Withheld at 1.500 %, 5. Adjustments of Tax for Prior Period, 6. Interest- 0.50% per month, 7. Penalty-50% Failure to File, 8. Total (Include Interest and Penalty if Due).

Name

And

Address

Period Ending JAN-FEB-MAR

TAX ID

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



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 31, 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

Table with 8 rows for tax calculation: 1. Number of Taxable Employees, 2. Total Salaries, Wages, Commissions and other Compensation paid all employees, 3. Taxable Earnings (from line 2), 4. Actual Tax Withheld at 1.500 %, 5. Adjustments of Tax for Prior Period, 6. Interest- 0.50% per month, 7. Penalty-50% Failure to File, 8. Total (Include Interest and Penalty if Due).

Name

And

Address

Period Ending APR-MAY-JUN

TAX ID

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



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 31, 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

Table with 8 rows for tax calculation: 1. Number of Taxable Employees, 2. Total Salaries, Wages, Commissions and other Compensation paid all employees, 3. Taxable Earnings (from line 2), 4. Actual Tax Withheld at 1.500 %, 5. Adjustments of Tax for Prior Period, 6. Interest- 0.50% per month, 7. Penalty-50% Failure to File, 8. Total (Include Interest and Penalty if Due).

Name

And

Address

Period Ending JUL-AUG-SEP

TAX ID

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



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 # \_\_\_\_\_

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 1.500 %.....	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	

**THIS RETURN MUST BE FILED ON  
OR BEFORE JANUARY 31, 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 OCT-NOV-DEC

TAX ID

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