FORM W1 1100 289737 EMPLOYER'S	WITHHOLDING - QUARTERLY	00001
1. Number of Taxable Employees	1	
2. Total Salaries, Wages, Commissions and other Compensation	1 1	Tax Year 2023 I hereby certify that the Information and statements contained here
pald all employees	2	in and in any schedules or exhibits attached are true and correct.
		Signed
3. Taxable Earnings (from line 2)	3	
4. Actual Tax Withheld at 1.500 %		Phone #
5. Adjustments of Tax for Prior Period	5	THIS RETURN MUST BE FILED ON
6. Interest- 0.50% per month	6	OR BEFORE APRIL 30, 2023
7. Penalty-50% Fallure to File	[/]	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
A. 1		
And		Voice 419-342-5885 Ext Fax 419-347-1193
Autor		
Address		Period Ending JAN-FEB-MAR
		TAX ID
	NOTIFY INCO	ME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
FORM W1 1100 289738 EMPLOYER'S	WITHHOLDING - QUARTERLY	
Number of Taxable Employees	1.1	
2. Total Salarles, Wages, Commissions and other Compensation		Tax Year 2023
paid all employees	2	I hereby certify that the information and statements contained her in and in any schedules or exhibits attached are true and correct.
		Signed
3. Taxable Earnings (from line 2).		
4. Actual Tax Withheld at 1.500 %		Title Date
5. Adjustments of Tax for Prior Period.		Phone # Phone # THIS RETURN MUST BE FILED ON
6. Interest- 0.50% per month.		OR BEFORE JULY 31, 2023
7. Penalty-50% Fallure to File.		
8. Total (Include Interest and Penalty if Due)	8	MAKE CHECK OR MONEY ORDER TO:
·		CITY OF SHELBY TAX DEPT.
Name		43 WEST MAIN STREET SHELBY OH 44875
1144(10		GINEEDT OIT 44070
And		Voice 419-342-5885 Ext Fax 419-347-1193
T. T.		747 110 017 1100
Address		Period Ending APR-MAY-JUN
		TAX ID
	NOTIFY INCOM	ME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
FORM W1 1100 289739 EMPLOYER'S	WITHHOLDING - QUARTERLY	
	1.	00003
Number of Taxable Employees	[Tax Year 2023
paid all employees	1 1	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)		Title Date
4. Actual Tax Withheld at 1.500 %		Phone #
5. Adjustments of Tax for Prior Period		THIS RETURN MUST BE FILED ON
6. Interest- 0.50% per month	5	OR BEFORE OCTOBER 31, 2023
7. Penalty-50% Fallure to File	8	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		
And		Volce 419-342-5885 Ext Fax 419-347-1193
Address		
Address		Period Ending IIII ALIC SED

Period Ending JUL-AUG-SEP

FORM W1 1100 289740 EMPLOYER'S WITHHOLDING - QUARTERLY		00004		
Number of Taxable Employees	1	I hereby certify that the	X Year 2023 Information and statements contained here or exhibits attached are true and correct.	
3. Taxable Earnings (from line 2)	. 3	Title		
4. Actual Tax Withheld at 1.500 %	. 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 J	ANUARY 31, 2024	
7. Penalty-50% Failure to File	. [7]	MAKE CHEC	K OR MONEY ORDER TO:	
8. Total (Include Interest and Penalty if Due)	. 8		OF SHELBY TAX DEPT.	
Name		43 \	WEST MAIN STREET ELBY OH 44875	
And		Volce 419-342-58	385 Ext Fax 419-347-1193	
Address		Pariod Ending OC	T NOV DEC	

Period Ending OCT-NOV-DEC

TAX ID

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