

Tax Year 2023

FORM W3 1100 292886
 EMPLOYER'S
 WITHHOLDING 00001
 RECONCILIATION

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



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

DUE DATE 02/29/2024

Name
 And
 Address

| |
|---|
| FEDERAL ID NUMBER _____ |
| NAME OF PERSON COMPLETING FORM _____ |
| LOCAL PHONE NUMBER _____ |
| NUMBER OF EMPLOYEES LISTED _____ |

EMPLOYEE W2'S MUST ACCOMPANY THIS FORM

INSTRUCTIONS

1. Attach check payable to City of Shelby Tax Dept., for difference if withholding exceeds remittance.
2. If remittance exceeds amount withheld, give explanation and request refund below.
3. Attach explanation if column 2 is used.

***Enclose 1099's if work was performed within the City. Taxable wages as reported on the W-2's OR 1099's reflect wages paid to individuals working and/or living within Shelby and eighteen (18) years of age or older.**

ENTER PAYROLL BY QUARTERLY OR MONTHLY TOTALS

| Period | (1) Gross Payroll | (2) Payroll Not Subject to Tax | (3) Payroll Subject to Tax | (4) Tax Due | (5) Tax Paid Per Your Records |
|-----------------|-------------------------|--------------------------------------|----------------------------------|-------------------|-------------------------------------|
| January | _____ | _____ | _____ | _____ | _____ |
| February | _____ | _____ | _____ | _____ | _____ |
| March/Qtr-1 | _____ | _____ | _____ | _____ | _____ |
| April | _____ | _____ | _____ | _____ | _____ |
| May | _____ | _____ | _____ | _____ | _____ |
| June/Qtr-2 | _____ | _____ | _____ | _____ | _____ |
| July | _____ | _____ | _____ | _____ | _____ |
| August | _____ | _____ | _____ | _____ | _____ |
| September/Qtr-3 | _____ | _____ | _____ | _____ | _____ |
| October | _____ | _____ | _____ | _____ | _____ |
| November | _____ | _____ | _____ | _____ | _____ |
| December/Qtr-4 | _____ | _____ | _____ | _____ | _____ |
| TOTALS | ===== | ===== | ===== | ===== | ===== |

TOTAL REMITTANCE MADE _____

Employer - Explain any differences:

DIFFERENCE _____