FORM W1 1100	316541 E	MPLOYER'S WITHHOLDING - MONTHL	ILY 01969
1. Number of Taxable	Employees		
	ges, Commissions and other		Tax Year 2024 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	
	ld at 1.750 %		Phone #
	x for Prior Period		THIS RETURN MUST BE FILED ON
6. Interest- 0.50% pe	r month		OR BEFORE
7. Penaity-50% Failui	re to File		MAKE CHECK OR MONEY ORDER TO:
o. Total (molade inter	est and Tenaity if Duej		CITY OF SHELBY TAX DEPT.
Nama			43 WEST MAIN STREET
Name			SHELBY OH 44875
And		·	Voice 419-342-5885 Ext Fax 419-347-1193
			Voice 419-042-0000 Ext 1 ax 415-047-1190
Address			Period Ending
			ū
			TAX ID
		NOTI	DTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
FORM W1 1100	246540	EMPLOYED'S WITHHOLDING MONTH	
		EMPLOYER'S WITHHOLDING - MONTHL	HLY 01970
	e Employees		Tax Year 2024
	ages, Commissions and other	' ! !	I hereby certify that the information and statements contained here
F		2	in and in any schedules or exhibits attached are true and correct.
			Signed
	(from line 2)		Title Date
	eld at 1.750 %		Phone #
	x for Prior Period		THIS RETURN MUST BE FILED ON
7 Penalty-50% Failu	er month	7	OR BEFORE
	rest and Penalty if Due)		MAKE CHECK OR MONEY ORDER TO:
,	, ,		CITY OF SHELBY TAX DEPT.
Name			43 WEST MAIN STREET SHELBY OH 44875
Name			STILLET OIT 44675
And			Voice 419-342-5885 Ext Fax 419-347-1193
			Tax Tre off Tree
Address			Period Ending
			TAX ID
		NOT	OTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
FORM W1 1100	316543	EMPLOYER'S WITHHOLDING - MONTHI	HLY 01971
1 Number of Tayabl	le Employees	T ₁ T	HLY 01971
	ages, Commissions and other		Tax Year 2024
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 Tayable Famings	(from line 2)	2	Title Date
	eld at 1.750 %		Phone #
	ax for Prior Period		THIS RETURN MUST BE FILED ON
6. Interest- 0.50% pe	er month	6	OR BEFORE
7. Penalty-50% Failu	ure to File	7	
8. Total (Include Inte	erest and Penalty if Due)	8	MAKE CHECK OR MONEY ORDER TO:
	•		CITY OF SHELBY TAX DEPT. 43 WEST MAIN STREET
Name			SHELBY OH 44875
Numo			CHEED! OH 44070
And			Voice 419-342-5885 Ext Fax 419-347-1193
			12.55 770 012 0000 EA 1100 047 1100

EMPLOYER'S WITHHOLDING - MONTHLY

Address

Period Ending