



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 1.750 %.....	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 2024**  
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**

**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

TAX ID

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



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