FORM W1 1100 314493 EMPLOYER'S	WITHHOLDING - QUARTERLY	01157
Number of Taxable Employees		Tax Year 2024
Total Salaries, Wages, Commissions and other Compensation paid all employees		I hereby certify that the information and statements contained here
paid dill drippoyado.	. 2	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 1.750 %		Phone #
		THIS RETURN MUST BE FILED ON
6. Interest- 0.50% per month	7	OR BEFORE APRIL 30, 2024
8. Total (Include Interest and Penalty if Due)	. 8	MAKE CHECK OR MONEY ORDER TO:
		CITY OF SHELBY TAX DEPT. 43 WEST MAIN STREET
Name		SHELBY OH 44875
And		Voice 419-342-5885 Ext Fax 419-347-1193
Address		Period Ending JAN-FEB-MAR
	٦	ΓΑΧ ID
		X DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
FORM W1 1100 314494 EMPLOYER'S	WITHHOLDING - QUARTERLY	01158
1. Number of Taxable Employees		
2. Total Salaries, Wages, Commissions and other Compensatio		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	Title Date
4. Actual Tax Withheld at 1.750 %		Phone #
5. Adjustments of Tax for Prior Period		THIS RETURN MUST BE FILED ON
6. Interest- 0.50% per month.	. 6	OR BEFORE JULY 31, 2024
7. Penalty-50% Failure to File.	. /	MAKE CHECK OR MONEY ORDER TO:
8. Total (Include Interest and Penalty if Due)		CITY OF SHELBY TAX DEPT.
A.I.		43 WEST MAIN STREET
Name		SHELBY OH 44875
And		Voice 419-342-5885 Ext Fax 419-347-1193
		Voice 419-342-3003 Ext 17-347-1193
Address		Period Ending APR-MAY-JUN
	_	
	· ·	TAX ID
	NOTIFY INCOME TA	IX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
FORM W1 1100 314495 EMPLOYER'S	WITHHOLDING - QUARTERLY	01159
Number of Taxable Employees		01159
Total Salaries, Wages, Commissions and other Compensation		Tax Year 2024
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. Tayahla Earnings /from line 2)	3	
Taxable Earnings (from line 2)		Title Date
Actual Tax Withheld at 1.750 %. Adjustments of Tax for Prior Period.		Phone # THIS RETURN MUST BE FILED ON
6. Interest- 0.50% per month.	[6]	OR BEFORE OCTOBER 31, 2024
7. Penalty-50% Failure to File.	. 7	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
And		Voice 419-342-5885 Ext Fax 419-347-1193

Address

Period Ending JUL-AUG-SEP

FORM W1 1100 314496	EMPLOYER'S WITHHOLDING - QUAR	ERLY 01160		
Number of Taxable Employees		TIANIA MILITI INNI MATALITANI ANTI ANTI ANTI	N 88131 BZ111 BZ311 BZ114 B184 D181 11811 B1811 B1818 IB113 B117 IBB1	
2. Total Salaries, Wages, Commissions and paid all employees		I hereby certify that the information	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	*****	
3. Taxable Earnings (from line 2)	3	Title		
4. Actual Tax Withheld at 1.750 %		Phone #		
5. Adjustments of Tax for Prior Period		THIS RETURN MUST	BE FILED ON	
6. Interest- 0.50% per month		OR BEFORE JANUARY	31, 2025	
7. Penalty-50% Failure to File		MAKE CHECK OR M	ONEY ORDER TO:	
8. Total (Include Interest and Penalty if Due)	8			
	Parameter Processes Collection Co	CITY OF SHELE	AIN STREET	
Name		SHELBY OF	1 44875	

And

Address

Period Ending OCT-NOV-DEC

Voice 419-342-5885 Ext

Fax 419-347-1193

TAX ID

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