

**Tax Year 2024**

FORM W3 1100 330632  
 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 02/28/2025**

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**

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

**TOTAL REMITTANCE MADE \_\_\_\_\_**

**Employer - Explain any differences:**

**DIFFERENCE \_\_\_\_\_**