



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 0.000 %.....	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	

Name
And
Address

Tax Year 2025
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 FEBRUARY 15, 2025**
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

Period Ending JANUARY

TAX ID

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



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 0.000 %.....	4	
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8. Total (Include Interest and Penalty if Due).....	8	

Name
And
Address

Tax Year 2025
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 MARCH 15, 2025**
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

Period Ending FEBRUARY

TAX ID

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



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 0.000 %.....	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	

Name
And
Address

Tax Year 2025
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 APRIL 15, 2025**
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

Period Ending MARCH

TAX ID

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



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 0.000 %.....	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 2025

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 MAY 15, 2025

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 APRIL

TAX ID

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



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	
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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 2025

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 JUNE 15, 2025

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 MAY

TAX ID

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



1. Number of Taxable Employees.....	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.....	2	
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Tax Year 2025

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 JULY 15, 2025

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 JUNE

TAX ID

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



1. Number of Taxable Employees.....	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.....	2	
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Tax Year 2025

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 AUGUST 15, 2025

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 JULY

TAX ID

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



1. Number of Taxable Employees.....	1	
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Tax Year 2025

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 SEPTEMBER 15, 2025

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 AUGUST

TAX ID

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



1. Number of Taxable Employees.....	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.....	2	
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Tax Year 2025

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 OCTOBER 15, 2025

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 SEPTEMBER

TAX ID

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Tax Year 2025

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Signed _____

Title _____ Date _____

Phone # _____

THIS RETURN MUST BE FILED ON OR BEFORE AUGUST 15, 2025

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 JULY

TAX ID

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Tax Year 2025

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Signed _____

Title _____ Date _____

Phone # _____

THIS RETURN MUST BE FILED ON OR BEFORE SEPTEMBER 15, 2025

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

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Address

Period Ending AUGUST

TAX ID

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Tax Year 2025

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SHELBY OH 44875

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