2. Total Salaries, Wages, Commissions and other Compensa		Tax Year 20 I hereby certify that the information and	
paid all employees	2	in and in any schedules or exhibits attac	
		Signed	
3. Taxable Earnings (from line 2)	3	Title	Date
4. Actual Tax Withheld at 0.000 %		Phone #	
5. Adjustments of Tax for Prior Period		THIS RETURN MUST BE	FILED ON
6. Interest- 0.50% per month.		OR BEFORE FEBRUARY	
7. Penalty-50% Failure to File.	7		<u> </u>
8. Total (Include Interest and Penalty if Due)		MAKE CHECK OR MON	
		CITY OF SHELBY 1	
Al .		43 WEST MAIN S	
Name		SHELBY OH 44	1875
And		Voice 419-342-5885 Ext	Fax 419-347-1193
Address			
Audiess		Period Ending JANUARY	
		TAX ID	
	NOTIFY INC	OME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSH	IIP OR NAME AND ADDRESS.
FORM W1 1100 327789 EMPLOYE	ER'S WITHHOLDING - MONTHLY		
1. Number of Taxable Employees		00002	
Total Salaries, Wages, Commissions and other Compensa		Tax Year 20	
paid all employees		I hereby certify that the information and in and in any schedules or exhibits attact	
		Signed	
3. Taxable Earnings (from line 2)		Title	Date
4. Actual Tax Withheld at 0.000 %		Phone #	
5. Adjustments of Tax for Prior Period	5	THIS RETURN MUST BE	
6. Interest- 0.50% per month	··· <mark>2</mark>	OR BEFORE MARCH 15	·
7. Penalty-50% Failure to File	8	MAKE CHECK OR MON	<u>IEY ORDER TO:</u>
b. Total (microst and r enaity if bue)		CITY OF SHELBY T	
		43 WEST MAIN S	
Name		SHELBY OH 44	875
And		l <u>-</u> .	
Ariu		Voice 419-342-5885 Ext	Fax 419-347-1193
Address			
Address		Period Ending FEBRUARY	
		TAX ID	
	NOTIFY INCO	OME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSH	IP OR NAME AND ADDRESS,
FORM W1 1100 327790 EMPLOYE	R'S WITHHOLDING - MONTHLY	00003	
1. Number of Taxable Employees		Tax Year 202	
Total Salaries, Wages, Commissions and other Compensat paid all employees		I hereby certify that the information and s	
paid all employees	··· 2 	in and in any schedules or exhibits attack	ned are true and correct.
	11	Signed	
3. Taxable Earnings (from line 2)	3	Title	_ Date
4. Actual Tax Withheld at 0,000 %		Phone #	
5. Adjustments of Tax for Prior Period	5	THIS RETURN MUST BE	FILED ON
6. Interest- 0.50% per month	[6]		2025
7. Penalty-50% Failure to File	7	MAKE CHECK OR MON	
8. Total (Include Interest and Penalty if Due)		CITY OF SHELBY TA	
		43 WEST MAIN S	
Name		SHELBY OH 44	
IVAIIIC		SILEDI OII 446	
And		Voice 419-342-5885 Ext	Fax 419-347-1193
·		VOICE 418-042-0000 EXI	107 419-04/-1199
Address		Doriod Ending MADCU	
		Period Ending MARCH	

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Tax Year 2025

FORM W1 1100 327788

Total Salaries, Wages, Commissions and other Compensation paid all employees.	1 1	I hereby certify that the information and statements contained here
paid all displayable		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 0.000 %		Phone #
5. Adjustments of Tax for Prior Period		THIS RETURN MUST BE FILED ON
6. Interest- 0.50% per month	6	OR BEFORE MAY 15, 2025
7. Penalty-50% Failure to File	/	MAKE CHECK OR MONEY ORDER TO:
8. Total (Include Interest and Penalty if Due)	8	CITY OF SHELBY TAX DEPT.
Name		43 WEST MAIN STREET SHELBY OH 44875
And		Voice 419-342-5885 Ext Fax 419-347-1193
Address		
Address		Period Ending APRIL
		TAX ID
	NOTIFY INCO	ME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
FORM W1 1100 327792 EMPLOYER'S	S WITHHOLDING - MONTHLY	
1. Number of Taxable Employees	T	
2. Total Salaries, Wages, Commissions and other Compensation		Tax Year 2025
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. Taxable Earnings (from line 2)		Title Date
4. Actual Tax Withheld at 0.000 %		Phone #
5. Adjustments of Tax for Prior Period	5	THIS RETURN MUST BE FILED ON
6. Interest- 0.50% per month	6	OR BEFORE JUNE 15, 2025
7. Penalty-50% Failure to File.	91	MAKE CHECK OR MONEY ORDER TO:
8. Total (Include Interest and Penalty if Due)	81	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 MAY
		TAX ID
	NOTIFY INCOM	ME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
FORM W1 1100 327793 EMPLOYER'S	WITHHOLDING - MONTHLY	00006
1. Number of Taxable Employees	1	
2. Total Salaries, Wages, Commissions and other Compensation		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 0.000 %		
5. Adjustments of Tax for Prior Period		Phone #
6. Interest- 0.50% per month.		THIS RETURN MUST BE FILED ON
6. Interest- 0.50% per month	7	OR BEFORE JULY 15, 2025
8. Total (Include Interest and Penalty if Due).	81	MAKE CHECK OR MONEY ORDER TO:
or rotal (morado interest and rotally ii bue),		CITY OF SHELBY TAX DEPT.
		43 WEST MAIN STREET
Name		SHELBY OH 44875
A		
And		Voice 419-342-5885 Ext Fax 419-347-1193
Address		Period Ending ILIME

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Tax Year 2025

FORM W1 1100 327791

Period Ending JUNE

paid all employees		in and in any schedules or exhibits attached are true and correct.
2. Taughla Famings (families 2)		Signed
3. Taxable Earnings (from line 2)		Title Date
4. Actual Tax Withheld at 0.000 %		Phone #
		THIS RETURN MUST BE FILED ON
6. Interest- 0.50% per month	7	OR BEFORE AUGUST 15, 2025
8. Total (Include Interest and Penalty if Due)	8	MAKE CHECK OR MONEY ORDER TO:
Name		CITY OF SHELBY TAX DEPT. 43 WEST MAIN STREET SHELBY OH 44875
And		V : 440 040 5005 5 L 5 W 440 047 4400
Zilid		Voice 419-342-5885 Ext Fax 419-347-1193
Address		Period Ending JULY
		TAX ID
	NOTIFY INCOM	E TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
FORM W1 1100 327795 EMPLOYER'S	WITHHOLDING - MONTHLY	00008
1. Number of Taxable Employees	1	Tax Year 2025
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.		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 0.000 %		Phone #
5. Adjustments of Tax for Prior Period	5	THIS RETURN MUST BE FILED ON
6. Interest- 0.50% per month	[6]	OR BEFORE SEPTEMBER 15, 2025
7. Penalty-50% Failure to File	/	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 AUGUST
		-
		TAX ID
	NOTIFY INCOM	E TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
FORM W1 1100 327796 EMPLOYER'S	WITHHOLDING - MONTHLY	
FORM WITTIOU 32/196 EMPLOYERS	WITHOLDING - MONTALY	00009
1. Number of Taxable Employees	1	Tax Year 2025
Total Salaries, Wages, Commissions and other Compensation paid all employees.		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 0.000 %	4	Phone #
5. Adjustments of Tax for Prior Period	I	THIS RETURN MUST BE FILED ON
	6	OR BEFORE OCTOBER 15, 2025
7. Penalty-50% Failure to File	7	MAKE CHECK OR MONEY ORDER TO:
8. Total (Include Interest and Penalty if Due)	[CITY OF SHELBY TAX DEPT.
,		43 WEST MAIN STREET
Name		SHELBY OH 44875
- Hamo		SHEED! SH HOW
And		Voice 419-342-5885 Ext Fax 419-347-1193
Address		Period Ending SEPTEMBER

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Tax Year 2025

I hereby certify that the information and statements contained here

FORM W1 1100 327794

2. Total Salaries, Wages, Commissions and other Compensation

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

1. Number of Taxable Employees		Tax Year 2025
Total Salaries, Wages, Commissions and other Compensation paid all employees		I hereby certify that the information and statements contained here
paid all dilipioyees,		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 0.000 %		Phone #
5. Adjustments of Tax for Prior Period		THIS RETURN MUST BE FILED ON
6. Interest- 0.50% per month	6	OR BEFORE AUGUST 15, 2025
7. Penalty-50% Failure to File	/	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		
And		Voice 419-342-5885 Ext Fax 419-347-1193
Address		B 1 1 5 11 11 11 11 11 11 11 11 11 11 11
Audiess		Period Ending JULY
		TAX ID
	NOTIFY INCO	ME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
FORM W1 1100 327795 EMPLOYER'S	S WITHHOLDING - MONTHLY	00008
1. Number of Taxable Employees	1	
2. Total Salaries, Wages, Commissions and other Compensation		Tax Year 2025 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)		Date
4. Actual Tax Withheld at 0.000 %		Phone #
5. Adjustments of Tax for Prior Period		THIS RETURN MUST BE FILED ON
6. Interest- 0.50% per month	6	OR BEFORE SEPTEMBER 15, 2025
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 AUGUST
		TAV 15
		I AX ID
	NOTIFY INCOM	ME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
FORM W1 1100 327796 EMPLOYER'S	WITHHOLDING - MONTHLY	00009 FILLER WITH THE THE THE THE THE THE THE THE THE T
	- 1	00009
Number of Taxable Employees	<u> </u>	Tax Year 2025
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. Taxable Earnings (from line 2)	3	Title Date
4. Actual Tax Withheld at 0.000 %	4	Phone #
5. Adjustments of Tax for Prior Period	5	THIS RETURN MUST BE FILED ON
and the state of t	7	OR BEFORE OCTOBER 15, 2025
	8	MAKE CHECK OR MONEY ORDER TO:
8. Total (Include Interest and Penalty if Due)		CITY OF SHELBY TAX DEPT.
		43 WEST MAIN STREET
Name		SHELBY OH 44875
And		V-1 440 040 7007 71
And		Voice 419-342-5885 Ext Fax 419-347-1193
Addrops		David Fadina OFDTSMDED
Address		Period Ending SEPTEMBER

FORM W1 1100

327794

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Period Ending SEPTEMBER