FORM WI 1100 316541 EMPLOYER'S	WITHHOLDING - MONTHLY	01969
1. Number of Taxable Employees, , , , ,	1	T Y 2005
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). , , , , , , , , , , , , , , , , , , ,	3	Title Date
3, Taxable Earnings (from line 2). , , , , , , , , , , , , , , , , , , ,	4	Phone#
5. Adjustments of Tax for Prior Period,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	[5]	THIS RETURN MUST BE FILED ON
6. Interest- 0.50% per month. , , , , , , , , , , , ,	6	OR BEFORE
7. Penalty-50% Failure to File,,,,,		MAKE CHECK OR MONEY ORDER TO:
8, Total (Include Interest and Penalty if Due),,,,,,,,,,,,	<u> </u>	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
	ТΔ	XID
		EPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS,
	NOTIFT INCOVIE IAX DE	FANTIVEIN FROMFILL OF ANT CLIPNOSE IN OWNERSHIP ON INVIDE AND ADDRESS,
FORM WI 1100 316542 EMPLOYER'S	WITHHOLDING - MONTHLY	01970
1. Number of Taxable Employees, , , , , , , , , , , , , , , , , , ,	1	T Y 2005
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),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	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
7. Penalty-50% Fallure to File		MAKE CHETC:KOR MONEY ORDER TO:
8, Total (Include Interest and Penalty if Due)	<u> [ti </u>	CITY OF SHELBY TAX DEPT.
		43 WEST MAIN STREET
Name		SHELBY CH 44875
And		V : 440 040 5005 5 4 5 5 440 047 4400
7 4164		Voice 419-342-5885 Ext Fax 419-347-1193
Address		Doriod Ending
, 113, 133		Period Ending
	TA	XID
	NOTIFY INCOME TAX D	EPARTMENT PROMPTLY OF ANY CHANGE N OWNERSHIP OR NAME AND ADDRESS,
FORM WI 1100 316543 EMPLOYER'S	S WITHHOLDING - MONTHLY	01971
Number of Taxable Employees	1	7
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), , , , , , , , , , , , , , , , ,	3	
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
7. Penalty-50% Failure to.File,,,,,	7	MAKE CHECK OR MONEY ORDER TO:
8, Total (Include Interest and Penalty if Due), , , , , , , , , , , , ,	, ti	CITY OF SHELBY TAX DEPT.
	-	43 WEST MAIN STREET
Name		SHELBY CH 44875
And		Voice 419-342-5885 Ext Fax 419-347-1193
Address		Period Ending

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

TAXID