

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 1.750 %.....	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).....	18	

**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 30, 2024

**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

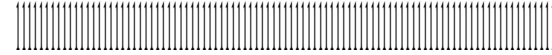
And

Address

Period Ending JAN-FEB-MAR

TAXID

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**

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Signed \_\_\_\_\_  
Title \_\_\_\_\_ Date \_\_\_\_\_  
Phone# \_\_\_\_\_

THIS RETURN MUST BE FILED ON  
OR BEFORE JULY 31, 2024

**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

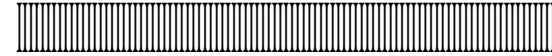
And

Address

Period Ending APR-MAY-JUN

TAXID

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



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Signed \_\_\_\_\_  
Title \_\_\_\_\_ Date \_\_\_\_\_  
Phone# \_\_\_\_\_

THIS RETURN MUST BE FILED ON  
OR BEFORE OCTOBER 31, 2024

**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 JUL-AUG-SEP

TAXID

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 JANUARY 31, 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 OCT-NOV-DEC

TAXID

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