FORM WI 1100 314493 EMPLOYER'S	WITHHOLDING QUARTERLY	_01157
Number ofTaxable 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
,		in and in any schedules or exhibits attached are true and correct.
3. Taxable Earnings (from line 2)	3	Signed
4. Actual Tax Withheld at 1.750 %	4	Tille Date Phone#
5. Adjustments of Tax for Prior Period	5	THIS RETURN MUST BE FILED ON
6. Interest- 0.50% per month	6	OR BEFORE APRIL 30, 2024
7. Penalty-50% Failure to File	18	MAKE CHECK OR MONEY ORDER TO:
8. Total (Include Interest and Penalty if Due)	18	CITY OF SHELBY TAX DEPT.
Name		43 WEST MAIN STREET SHELBY OH 44875
wante		GILLET GT 44070
And		Voice 419-342-5885 Ext Fax 419-347-1193
Address		Period Ending JAN-FEB-MAR
	TA	XID
	NOTIFY INCOME TAX D	EPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
FORM WI 1100 314494 EMPLOYER'S	WITHHOLDING: QUARTERLY	01158
Number of Taxable Employees	1	
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 %	5	Phone#
5. Adjustments of Tax for Prior Period	6	THIS RETURN MUST BE FILED ON OR BEFORE JULY 31, 2024
7. Penalty-50% Failure to File	7	MAKE CHECK OR MONEY ORDER TO:
8. Total (Include Interest and Penalty If Due)	18	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 APR-MAY-JUN
	TA	XID
	NOTIFY INCOME TAX D	EPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
FORM WI 1100 314495 EMPLOYER'S	WITHHOLDING QUARTERLY	01159
Number of Taxable Employees	1	
${\it 2. Total \ Salaries, \ Wages, \ Commissions \ and \ other \ \ Compensation}\\$		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 %	5	Phone#
5. Adjustments of Tax for Prior Period	[5] [6]	THIS RETURN MUST BE FILED ON
7. Penalty-50% Failure to File	7	OR BEFORE OCTOBER 31, 2024 MAKE CHECK OR MONEY ORDER TO:
8. Total (Include Interest and Penalty if Due)	18	CITY OF SHELBY TAX DEPT.
		43 WEST MAIN STREET
Name		SHELBY CH 44875
And		Voice 440 242 5005 5:4 5: 440 247 4400
, and		Voice 419-342-5885 Ext Fax 419-347-1193
Address		Period Ending JUL-AUG-SEP

TAXID

	WITHHOLDING - QUARTERLY	01160
Number ofTaxable Employees		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.
3. Taxable Earnings (from line 2)		Signed
4. Actual Tax Withheld at 1.750 %		Title Date Phone#
5. Adjustments of Tax for Prior Period	5	THIS RETURN MUST BE FILED ON
6. Interest- 0.50% per month	7	OR BEFORE JANUARY 31, 2025 MAKE CHECK OR MONEY ORDER TO:
8. Total (Include Interest and Penalty if Due)	8	CITY OF SHELBY TAX DEPT. 43 WEST MAIN STREET SHELBY CH 44875

Address

And

Period Ending OCT-NOV-DEC TAXID

Voice 419-342-5885 Ext

Fax 419-347-1193

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