

Tax Year 2025

FORM W3 1100 334143

EMPLOYER'S

WITHHOLDING

RECONCILIATION

00001

CITY OF SHELBY TAX DEPT.

43 WEST MAIN STREET

SHELBY OH 44875



Voice 419-342-5885 Ext

Fax 419-347-1193

DUE DATE 02/28/2026

Name _____

And _____

Address _____

FEDERAL ID NUMBER _____

NAME OF PERSON _____

COMPLETING FORM _____

LOCAL PHONE NUMBER _____

NUMBER OF EMPLOYEES LISTED _____

EMPLOYEE W2'S MUST ACCOMPANY THIS FORM

INSTRUCTIONS

1. Attach check payable to City of Shelby Tax Dept., for difference if withholding exceeds remittance.
2. If remittance exceeds amount withheld, give explanation and request refund below.
3. Attach explanation if column 2 is used.

***Enclose 1099's if work was performed within the City. Taxable wages as reported on the W-2's OR 1099's reflect wages paid to individuals working and/or living within Shelby and eighteen (18) years of age or older.**

ENTER PAYROLL BY QUARTERLY OR MONTHLY TOTALS

Period	(1) Gross Payroll	(2) Payroll Not Subject to Tax	(3) Payroll Subject to Tax	(4) Tax Due	(5) Tax Paid Per Your Records
January	_____	_____	_____	_____	_____
February	_____	_____	_____	_____	_____
March/Qtr-1	_____	_____	_____	_____	_____
April	_____	_____	_____	_____	_____
May	_____	_____	_____	_____	_____
June/Qtr-2	_____	_____	_____	_____	_____
July	_____	_____	_____	_____	_____
August	_____	_____	_____	_____	_____
September/Qtr-3	_____	_____	_____	_____	_____
October	_____	_____	_____	_____	_____
November	_____	_____	_____	_____	_____
December/Qtr-4	_____	_____	_____	_____	_____
TOTALS	=====	=====	=====	=====	=====

TOTAL REMITTANCE MADE _____

Employer - Explain any differences:

DIFFERENCE _____