

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). . . . .	8	

**Tax Year 2026**

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 FEBRUARY 15, 2026**

**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 JANUARY

TAX ID

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

## FORM W1 1100

## EMPLOYER'S WITHHOLDING - MONTHLY

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). ....	8	

Name

And

Address

Tax Year 2026

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 MARCH 15, 2026**

**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

Period Ending FEBRUARY

TAX ID

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

## FORM W1 1100

## EMPLOYER'S WITHHOLDING - MONTHLY

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). ....	8	

Name

And

Address

Tax Year 2026

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 15, 2026**

**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

Period Ending MARCH

TAX ID

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

## FORM W1 1100

## EMPLOYER'S WITHHOLDING - MONTHLY

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). ....	8	

Name

And

Address

Tax Year 2026

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 MAY 15, 2026**

**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

Period Ending APRIL

TAX ID

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

## FORM W1 1100

## EMPLOYER'S WITHHOLDING - MONTHLY

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). ....	8	

Name

And

Address

## Tax Year 2026

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 JUNE 15, 2026**

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

Period Ending MAY

## TAX ID

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

## FORM W1 1100

## EMPLOYER'S WITHHOLDING - MONTHLY

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). ....	8	

Name

And

Address

## Tax Year 2026

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 JULY 15, 2026**

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

Period Ending JUNE

## TAX ID

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

## FORM W1 1100

## EMPLOYER'S WITHHOLDING - MONTHLY

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). ....	8	

Name

And

Address

## Tax Year 2026

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 AUGUST 15, 2026**

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

Period Ending JULY

## TAX ID

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

## FORM W1 1100

## EMPLOYER'S WITHHOLDING - MONTHLY

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). ....	8	

Name

And

Address

## Tax Year 2026

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 SEPTEMBER 15, 2026**

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

Period Ending AUGUST

## TAX ID

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

## FORM W1 1100

## EMPLOYER'S WITHHOLDING - MONTHLY

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). ....	8	

Name

And

Address

## Tax Year 2026

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 OCTOBER 15, 2026**

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

Period Ending SEPTEMBER

## TAX ID

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

## FORM W1 1100

## EMPLOYER'S WITHHOLDING - MONTHLY

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). ....	8	

Name

And

Address

## Tax Year 2026

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 NOVEMBER 15, 2026**

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

Period Ending OCTOBER

## TAX ID

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

## FORM W1 1100

## EMPLOYER'S WITHHOLDING - MONTHLY

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). ....	8	

Name

And

Address

**Tax Year 2026**

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 DECEMBER 15, 2026****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

Period Ending NOVEMBER

TAX ID

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

## FORM W1 1100

## EMPLOYER'S WITHHOLDING - MONTHLY

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). ....	8	

Name

And

Address

**Tax Year 2026**

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 15, 2027****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

Period Ending DECEMBER

TAX ID

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