## **FORM W1 1100 EMPLOYER'S WITHHOLDING - MONTHLY** Tax Year 2026 2. Total Salaries, Wages, Commissions and other Compensation I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct. Title\_\_ 4. Actual Tax Withheld at 1.750 %..... Phone # THIS RETURN MUST BE FILED ON 6 OR BEFORE FEBRUARY 15, 2026 MAKE CHECK OR MONEY ORDER TO: CITY OF SHELBY TAX DEPT. 43 WEST MAIN STREET SHELBY OH 44875 Name And Voice 419-342-5885 Ext Fax 419-347-1193

Address

Period Ending JANUARY

TAX ID

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

FORM W1 1100 E	EMPLOYER'S WITHHOLDING - I	MONTHLY
Number of Taxable Employees		T V 0000
2. Total Salaries, Wages, Commissions and other	Compensation	Tax Year 2026  I hereby certify that the information and statements contained her
paid all employees	2	in and in any schedules or exhibits attached are true and correct.
		Signed
3. Taxable Earnings (from line 2)	3	Date
4. Actual Tax Withheld at 1.750 %		Phone #
Adjustments of Tax for Prior Period	5	THIS RETURN MUST BE FILED ON
6. Interest- 0.50% per month.	-	OR BEFORE MARCH 15, 2026
7. Penalty-50% Failure to File.		
8. Total (Include Interest and Penalty if Due)	8	MAKE CHECK OR MONEY ORDER TO:
		CITY OF SHELBY TAX DEPT.
Name		43 WEST MAIN STREET SHELBY OH 44875
Name		GILLEDI OII 44070
And		Voice 419-342-5885 Ext Fax 419-347-119
		VOICE 413-042-0000 EXT
Address		Deried Ending FERRIARY
		Period Ending FEBRUARY
		TAX ID
		NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
FORM W1 1100 E	MPLOYER'S WITHHOLDING - I	MONTHLY
Number of Taxable Employees		
Number of Taxable Employees.     Total Salaries, Wages, Commissions and other (		Tax Year 2026
paid all employees.	- I I	I hereby certify that the information and statements contained her
		in and in any schedules or exhibits attached are true and correct.
		Signed
3. Taxable Earnings (from line 2)		Title Date
4. Actual Tax Withheld at 1.750 %	4	Phone #
5. Adjustments of Tax for Prior Period		THIS RETURN MUST BE FILED ON
6. Interest- 0.50% per month	6	OR BEFORE APRIL 15, 2026
7. Penalty-50% Failure to File		MAKE CHECK OR MONEY ORDER TO:
8. Total (Include Interest and Penalty if Due)		CITY OF SHELBY TAX DEPT.
		43 WEST MAIN STREET
Name		SHELBY OH 44875
And		Voice 419-342-5885 Ext Fax 419-347-119
Address		Period Ending MARCH
		TAX ID
		NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
FORM W1 1100 E	EMPLOYER'S WITHHOLDING - I	IONTHLY
Number of Taxable Employees		To:: Vo: 0000
2. Total Salaries, Wages, Commissions and other		Tax Year 2026  I hereby certify that the information and statements contained her
paid all employees	2	in and in any schedules or exhibits attached are true and correct.
		Signed
3 Tayable Farnings (from line 2)		Title Date
Taxable Earnings (from line 2)		
4. Actual Tax Withheld at 1.750 %		Phone #PHONE #
	_	THIS RETURN MUST BE FILED ON
6. Interest- 0.50% per month.  7. Penalty-50% Failure to File.	·····	OR BEFORE MAY 15, 2026
Penalty-50% Failure to File.     Total (Include Interest and Penalty if Due)	8	MAKE CHECK OR MONEY ORDER TO:
o. Total (molude interest and Fellalty II Due)		CITY OF SHELBY TAX DEPT.
		43 WEST MAIN STREET
Name		SHELBY OH 44875
And		Voice 419-342-5885 Ext Fax 419-347-1193

Address

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

Period Ending APRIL

TAX ID

FORM W1 1100 EMPLOYER	'S WITHHOLDING	- MONTHLY
Number of Taxable Employees	. 1	
2. Total Salaries, Wages, Commissions and other Compensatio	n	Tax Year 2026
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	Title Date
4. Actual Tax Withheld at 1.750 %.		
5. Adjustments of Tax for Prior Period.  6. Adjustments of Tax for Prior Period.  7. Adjustments of Tax for Prior Period.  7. Adjustments of Tax for Prior Period.		Phone #
6. Interest- 0.50% per month.	6	OR BEFORE JUNE 15, 2026
7. Penalty-50% Failure to File.	7	,
8. Total (Include Interest and Penalty if Due)	. 8	MAKE CHECK OR MONEY ORDER TO:
		CITY OF SHELBY TAX DEPT.  43 WEST MAIN STREET
Name		SHELBY OH 44875
Name		5,122, 6,7, 1,8,6
And		Voice 419-342-5885 Ext Fax 419-347-1193
Address		Period Ending MAY
		TAX ID
		NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
FORM W4 4400 FMRI OVER	IO WITHIOL DING	MONTHLY
FORM W1 1100 EMPLOYER	'S WITHHOLDING	- MONTHLY
1. Number of Taxable Employees		Tax Year 2026
Total Salaries, Wages, Commissions and other Compensatio paid all employees.		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 JULY 15, 2026
7. Penalty-50% Failure to File	. [/]	MAKE CHECK OR MONEY ORDER TO:
8. Total (Include Interest and Penalty if Due)	.[8]	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 JUNE
		TAX ID
		NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
		NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
FORM W1 1100 EMPLOYER	'S WITHHOLDING	- MONTHLY
4 Number of Translate Complete	11	
Number of Taxable Employees.     Total Salaries, Wages, Commissions and other Compensations.		Tax Year 2026
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.
		Signed
3. Taxable Earnings (from line 2)		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 AUGUST 15, 2026
7. Penalty-50% Failure to File.	8	MAKE CHECK OR MONEY ORDER TO:
8. Total (Include Interest and Penalty if Due)	. 🔼	CITY OF SHELBY TAX DEPT.
		43 WEST MAIN STREET
Name		SHELBY OH 44875
A . I		
And		Voice 419-342-5885 Ext Fax 419-347-1193

Period Ending JULY

TAX ID

Address

FORM W1 1100 EMPLOYER'	S WITHHOLDING	- MONTHLY
Number of Taxable Employees	1	
2. Total Salaries, Wages, Commissions and other Compensation		Tax Year 2026
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.
2. Tarrable Familians (familias 2)		Signed
3. Taxable Earnings (from line 2)		Title Date
4. Actual Tax Withheld at 1.750 %		Phone #
5. Adjustments of Tax for Prior Period	. 5	THIS RETURN MUST BE FILED ON
6. Interest- 0.50% per month.	7	OR BEFORE SEPTEMBER 15, 2026
7. Penalty-50% Failure to File.  8. Total (Include Interest and Penalty if Due).	8	MAKE CHECK OR MONEY ORDER TO:
o. Total (ilicidude liliterest and Penaity II Due)		CITY OF SHELBY TAX DEPT.
		43 WEST MAIN STREET
Name		SHELBY OH 44875
A I		
And		Voice 419-342-5885 Ext Fax 419-347-1193
Address		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	- MONTHI V
	1 1	- MONTIE!
Number of Taxable Employees		Tax Year 2026
Total Salaries, Wages, Commissions and other Compensation paid all employees.		I hereby certify that the information and statements contained here
paid all employees.		in and in any schedules or exhibits attached are true and correct.
		Signed
3. Taxable Earnings (from line 2)	. 3	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 OCTOBER 15, 2026
7. Penalty-50% Failure to File	/	MAKE CHECK OR MONEY ORDER TO:
8. Total (Include Interest and Penalty if Due)	. 8	CITY OF SHELBY TAX DEPT.
		43 WEST MAIN STREET
Name		SHELBY OH 44875
rame		
And		Voice 419-342-5885 Ext Fax 419-347-1193
		V0100 110 012 0000 EXC 1 1 4X 110 011 1100
Address		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
Number of Taxable Employees	1	T V 0000
2. Total Salaries, Wages, Commissions and other Compensation		Tax Year 2026  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 Tayahla Farnings (from line 2)		
Taxable Earnings (from line 2)		Title Date
4. Actual Tax Withheld at 1.750 %		Phone #
		THIS RETURN MUST BE FILED ON
6. Interest- 0.50% per month.	7	OR BEFORE NOVEMBER 15, 2026
7. Penalty-50% Failure to File.	8	MAKE CHECK OR MONEY ORDER TO:
8. Total (Include Interest and Penalty if Due)	. [ - ]	CITY OF SHELBY TAX DEPT.
		43 WEST MAIN STREET
Name		SHELBY OH 44875
A 1		
And		Voice 419-342-5885 Ext Fax 419-347-1193

Period Ending OCTOBER

TAX ID

Address

	S WITHHOLDING		
I. Number of Taxable Employees		Tax Year 2026	
Total Salaries, Wages, Commissions and other Compensation     paid all employees		I hereby certify that the information and star	
paid all employees	2	in and in any schedules or exhibits attached	d are true and correct.
		Signed	
3. Taxable Earnings (from line 2)	. 3	Title	
1. Actual Tax Withheld at 1.750 %		Phone #	
5. Adjustments of Tax for Prior Period	. 5	THIS RETURN MUST BE E	FILED ON
6. Interest- 0.50% per month	[6]	OR BEFORE DECEMBER 1	
7. Penalty-50% Failure to File	7		,
3. Total (Include Interest and Penalty if Due)	8	MAKE CHECK OR MONEY ORDER TO:  CITY OF SHELBY TAX DEPT.	
Nama		43 WEST MAIN STF SHELBY OH 4487	
Name		SHEEDT OH 4407	3
And		Voice 419-342-5885 Ext	Fax 419-347-1193
Address		Period Ending NOVEMBER	
		TAX ID	
		IAXID	
		NOTIEV INCOME TAY DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP (	DE NAME AND ADDRESS
		NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP O	OR NAME AND ADDRESS.
		NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP O	OR NAME AND ADDRESS.
FORM W4 1100 EMPLOYED	S WITHUOI DIN		OR NAME AND ADDRESS.
	S WITHHOLDING		OR NAME AND ADDRESS.
1. Number of Taxable Employees	1		
Number of Taxable Employees	1	G - MONTHLY	
Number of Taxable Employees	1	G - MONTHLY Tax Year 2026	tements contained here
Number of Taxable Employees	1	G - MONTHLY  Tax Year 2026  I hereby certify that the information and state	tements contained here d are true and correct.
Number of Taxable Employees.     Total Salaries, Wages, Commissions and other Compensation paid all employees.	2	Tax Year 2026  I hereby certify that the information and start in and in any schedules or exhibits attached Signed	tements contained here d are true and correct.
Number of Taxable Employees.     Total Salaries, Wages, Commissions and other Compensation paid all employees.     Taxable Earnings (from line 2).	2	Tax Year 2026  I hereby certify that the information and state in and in any schedules or exhibits attached	tements contained here d are true and correct.
Number of Taxable Employees.     Total Salaries, Wages, Commissions and other Compensation paid all employees.     Taxable Earnings (from line 2).  Actual Tax Withheld at 1.750 %.	2 3 .4	Tax Year 2026  I hereby certify that the information and statin and in any schedules or exhibits attached Signed  Title	tements contained here d are true and correct. Date
1. Number of Taxable Employees. 2. Total Salaries, Wages, Commissions and other Compensation paid all employees. 3. Taxable Earnings (from line 2). 4. Actual Tax Withheld at 1.750 %. 5. Adjustments of Tax for Prior Period.	1 2 3 .4 5 5	Tax Year 2026  I hereby certify that the information and star in and in any schedules or exhibits attached Signed  Title  Phone #  THIS RETURN MUST BE B	tements contained here d are true and correct.  Date
1. Number of Taxable Employees. 2. Total Salaries, Wages, Commissions and other Compensation paid all employees. 3. Taxable Earnings (from line 2). 4. Actual Tax Withheld at 1.750 %. 5. Adjustments of Tax for Prior Period. 6. Interest- 0.50% per month.	1 2 3 4 5 6	Tax Year 2026  I hereby certify that the information and star in and in any schedules or exhibits attached Signed  Title  Phone #  THIS RETURN MUST BE FOR BEFORE JANUARY 15	tements contained here d are true and correct.  Date
1. Number of Taxable Employees. 2. Total Salaries, Wages, Commissions and other Compensation paid all employees. 3. Taxable Earnings (from line 2). 4. Actual Tax Withheld at 1.750 %. 5. Adjustments of Tax for Prior Period. 6. Interest- 0.50% per month. 7. Penalty-50% Failure to File.	1 2 3 4 5 6 7 7	Tax Year 2026  I hereby certify that the information and start in and in any schedules or exhibits attached Signed Title Phone #  THIS RETURN MUST BE FOR BEFORE JANUARY 15  MAKE CHECK OR MONE	tements contained here d are true and correct.  Date  FILED ON  5, 2027  Y ORDER TO:
1. Number of Taxable Employees. 2. Total Salaries, Wages, Commissions and other Compensation paid all employees. 3. Taxable Earnings (from line 2). 4. Actual Tax Withheld at 1.750 %. 5. Adjustments of Tax for Prior Period. 6. Interest- 0.50% per month. 7. Penalty-50% Failure to File.	1 2 3 4 5 6 7 7	Tax Year 2026  I hereby certify that the information and state in and in any schedules or exhibits attached Signed  Title Phone #  THIS RETURN MUST BE FOR BEFORE JANUARY 15  MAKE CHECK OR MONE CITY OF SHELBY TAX	tements contained here d are true and correct.  Date  FILED ON  6, 2027  Y ORDER TO: ( DEPT.
1. Number of Taxable Employees. 2. Total Salaries, Wages, Commissions and other Compensation paid all employees. 3. Taxable Earnings (from line 2). 4. Actual Tax Withheld at 1.750 %. 5. Adjustments of Tax for Prior Period. 6. Interest- 0.50% per month. 7. Penalty-50% Failure to File. 8. Total (Include Interest and Penalty if Due).	1 2 3 4 5 6 7 7	Tax Year 2026 I hereby certify that the information and star in and in any schedules or exhibits attached Signed Title Phone #  THIS RETURN MUST BE BOR BEFORE JANUARY 15  MAKE CHECK OR MONE CITY OF SHELBY TAX 43 WEST MAIN STR	tements contained here d are true and correct.  Date  FILED ON  5, 2027  Y ORDER TO:  C DEPT.  REET
1. Number of Taxable Employees. 2. Total Salaries, Wages, Commissions and other Compensation paid all employees. 3. Taxable Earnings (from line 2). 4. Actual Tax Withheld at 1.750 %. 5. Adjustments of Tax for Prior Period. 6. Interest- 0.50% per month. 7. Penalty-50% Failure to File.	1 2 3 4 5 6 7 7	Tax Year 2026  I hereby certify that the information and state in and in any schedules or exhibits attached Signed  Title Phone #  THIS RETURN MUST BE FOR BEFORE JANUARY 15  MAKE CHECK OR MONE CITY OF SHELBY TAX	tements contained here d are true and correct.  Date  FILED ON  5, 2027  Y ORDER TO:  C DEPT.  REET
1. Number of Taxable Employees. 2. Total Salaries, Wages, Commissions and other Compensation paid all employees. 3. Taxable Earnings (from line 2). 4. Actual Tax Withheld at 1.750 %. 5. Adjustments of Tax for Prior Period. 6. Interest- 0.50% per month. 7. Penalty-50% Failure to File. 8. Total (Include Interest and Penalty if Due).	1 2 3 4 5 6 7 7	Tax Year 2026  I hereby certify that the information and star in and in any schedules or exhibits attached Signed  Title Phone #  THIS RETURN MUST BE FOR BEFORE JANUARY 15  MAKE CHECK OR MONE  CITY OF SHELBY TAX 43 WEST MAIN STE SHELBY OH 4487	tements contained here d are true and correct.  Date  FILED ON  6, 2027  Y ORDER TO:  K DEPT.  REET  75
I. Number of Taxable Employees. C. Total Salaries, Wages, Commissions and other Compensation paid all employees.  I. Taxable Earnings (from line 2). C. Actual Tax Withheld at 1.750 %. C. Adjustments of Tax for Prior Period. C. Interest- 0.50% per month. C. Penalty-50% Failure to File. C. Total (Include Interest and Penalty if Due).	1 2 3 4 5 6 7 7	Tax Year 2026  I hereby certify that the information and statin and in any schedules or exhibits attached Signed  Title Phone #  THIS RETURN MUST BE FOR BEFORE JANUARY 15  MAKE CHECK OR MONE  CITY OF SHELBY TAX 43 WEST MAIN STE SHELBY OH 4487	tements contained here d are true and correct.  Date  FILED ON  5, 2027  Y ORDER TO:  C DEPT.  REET
1. Number of Taxable Employees. 2. Total Salaries, Wages, Commissions and other Compensation paid all employees. 3. Taxable Earnings (from line 2). 4. Actual Tax Withheld at 1.750 %. 5. Adjustments of Tax for Prior Period. 6. Interest- 0.50% per month. 7. Penalty-50% Failure to File. 8. Total (Include Interest and Penalty if Due).  Name  Name  And	1 2 3 4 5 6 7 7	Tax Year 2026  I hereby certify that the information and statin and in any schedules or exhibits attached Signed Title Phone #  THIS RETURN MUST BE BOR BEFORE JANUARY 15  MAKE CHECK OR MONE CITY OF SHELBY TAX 43 WEST MAIN STE SHELBY OH 4487	tements contained here d are true and correct.  Date  FILED ON  6, 2027  Y ORDER TO:  K DEPT.  REET  75
1. Number of Taxable Employees. 2. Total Salaries, Wages, Commissions and other Compensation paid all employees. 3. Taxable Earnings (from line 2). 4. Actual Tax Withheld at 1.750 %. 5. Adjustments of Tax for Prior Period. 6. Interest- 0.50% per month. 7. Penalty-50% Failure to File. 8. Total (Include Interest and Penalty if Due).	1 2 3 4 5 6 7 7	Tax Year 2026  I hereby certify that the information and star in and in any schedules or exhibits attached Signed  Title Phone #  THIS RETURN MUST BE FOR BEFORE JANUARY 15  MAKE CHECK OR MONE  CITY OF SHELBY TAX 43 WEST MAIN STE SHELBY OH 4487	tements contained here d are true and correct.  Date  FILED ON  6, 2027  Y ORDER TO:  K DEPT.  REET  75
1. Number of Taxable Employees. 2. Total Salaries, Wages, Commissions and other Compensation paid all employees. 3. Taxable Earnings (from line 2). 4. Actual Tax Withheld at 1.750 %. 5. Adjustments of Tax for Prior Period. 6. Interest- 0.50% per month. 7. Penalty-50% Failure to File. 8. Total (Include Interest and Penalty if Due).  Name  Name  And	1 2 3 4 5 6 7 7	Tax Year 2026  I hereby certify that the information and statin and in any schedules or exhibits attached Signed Title Phone #  THIS RETURN MUST BE BOR BEFORE JANUARY 15  MAKE CHECK OR MONE CITY OF SHELBY TAX 43 WEST MAIN STE SHELBY OH 4487	tements contained here d are true and correct.  Date  FILED ON  6, 2027  Y ORDER TO:  K DEPT.  REET  75