Tax Year 2026

FORM W3 1100
EMPLOYER'S
WITHHOLDING
RECONCILIATION

CITY OF SHELBY TAX DEPT.
43 WEST MAIN STREET
SHELBY OH 44875

Voice 419-342-5885 Ext Fax 419-347-1193

DUE DATE 02/28/2027

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 _____

DIFFERENCE _____

Employer - Explain any differences: