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 2027

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, 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 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		

Tax Year 2027

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, 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

Name

And

Address

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		

Tax Year 2027

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, 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

Name

And

Address

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		

Tax Year 2027

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, 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

Name

And

Address

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		

Tax Year 2027

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, 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

Name

And

Address

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		

Tax Year 2027

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, 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

Name

And

Address

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		

Tax Year 2027

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, 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

Name

And

Address

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		

Tax Year 2027

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, 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

Name

And

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 - 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		

Tax Year 2027

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, 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

Name

And

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**

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 2027

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, 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

Name

And

Address

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 2027

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, 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 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 2027

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, 2028

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.