FORM W1 1100 **EMPLOYER'S WITHHOLDING - QUARTERLY**

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 APRIL 30, 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 JAN-FEB-MAR

TAX ID

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

FORM W1 1100 **EMPLOYER'S WITHHOLDING - QUARTERLY**

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 JULY 31, 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 APR-MAY-JUN

TAX ID

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

FORM W1 1100 **EMPLOYER'S WITHHOLDING - QUARTERLY**

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 OCTOBER 31, 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 JUL-AUG-SEP

TAX ID

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

FORM W1 1100 **EMPLOYER'S WITHHOLDING - QUARTERLY**

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 31, 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 OCT-NOV-DEC

TAX ID

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