[redacted]

CITY OF MANSFIELD
INCOME TAX DIVISION
PO BOX 577
MANSFIELD OH 44901-0577

PRESORTED
STANDARD
U.S. POSTAGE
PAID
MANSFIELD OH
PERMIT #4

Address Service Requested

[redacted]

[redacted]

MONTHLY

2009

EMPLOYER'S RETURN OF TAX WITHHELD

TEAR OUT REMITTANCE FORM BEFORE WRITING ON.

[redacted]

INSTRUCTIONS ON LAST PAGE

[redacted]

NOTE: EMPLOYEES UNDER THE AGE OF 18 ARE NOT SUBJECT TO MANSFIELD CITY INCOME TAX.

[redacted]

Forms may be downloaded from our website at www.ci.mansfield.oh.us.

[redacted]

CITY OF MANSFIELD,
INCOME TAX DIVISION
KELLY BLANKENSHIP, FINANCE DIRECTOR

ANNUAL RECONCILIATION FOR THE YEAR 2009
CITY OF MANSFIELD, INCOME TAX DIVISION
P. O. BOX 577
MANSFIELD, OHIO 44901
PHONE (419) 755-9711
FAX (419) 755-9751

FOR OFFICE USE ONLY

W-2'S_____

RECON_____

THIS RECONCILIATION MUST BE RETURNED BY FEBRUARY 28, 2010 WITH W-2'S OR A LISTING OF W-2'S

OR

IF YOU HAVE 100 OR MORE W-2'S YOU *MUST* USE MAGNETIC MEDIA FOR REPORTING INFORMATION. YOUR TAPE AND THIS FORM ARE DUE BY FEBRUARY 28TH, 2010

QUARTER AMOUNTS PAID:

1st QUARTER _____

2nd QUARTER_____

3rd QUARTER _____

4th QUARTER _____

MONTHLY AMOUNTS PAID:

1st MONTH_____
2nd MONTH_____
3rd MONTH_____
4th MONTH_____
5th MONTH_____
6th MONTH_____
7th MONTH_____
8th MONTH_____
9th MONTH_____
10th MONTH_____
11th MONTH_____
12th MONTH_____

NUMBER OF W-2'S ATTACHED _____

Total Compensation reported on W-2's _____

Total tax withheld as shown on W-2 forms _____

Total tax amount paid this year _____

OVERPAYMENT: _____
(Please send us a check or an approved credit to be applied to a future payment for the above amount)

UNDERPAYMENT: _____
(See attached check)

***ENCLOSE 1099'S IF WORK WAS PERFORMED WITHIN THE CITY**

I CERTIFY THIS RECONCILIATION TO BE TRUE AND CORRECT.

AUTHORIZED SIGNATURE_____

TITLE_____ PHONE NO.:_____

PRINT OR TYPE NAME OF PERSON SIGNING:_____

CITY OF MANSFIELD - EMPLOYER'S RETURN OF TAX WITHHELD

TEAR OUT FORM BEFORE USING

Federal Identification No.:

Month Ending: January 31 20 09

PLEASE MAIL WITH REMITTANCE TO:
City of Mansfield - Income Tax Division • P.O. Box 577 • Mansfield, Ohio 44901
(419) 755-9711

IF NOT SHOWN, LIST YOUR NAME, ADDRESS AND FED. I.D. NUMBER

1	# FULL & PART TIME EMPLOYEES	FT	PT
2	Total wages subject to tax	$	
3	Tax withheld 1.75% x line 2	$	
4	Adjustment from prior period	$	
5	Late charges (4% per month + $100)	$	
6	Total due 10th of following month	$	
	SIGNATURE	DATE	

FORM EWR-99

CITY OF MANSFIELD - EMPLOYER'S RETURN OF TAX WITHHELD

TEAR OUT FORM BEFORE USING

Federal Identification No.:

Month Ending: February 28 20 09

PLEASE MAIL WITH REMITTANCE TO:
City of Mansfield - Income Tax Division • P.O. Box 577 • Mansfield, Ohio 44901
(419) 755-9711

IF NOT SHOWN, LIST YOUR NAME, ADDRESS AND FED. I.D. NUMBER

1	# FULL & PART TIME EMPLOYEES	FT	PT
2	Total wages subject to tax	$	
3	Tax withheld 1.75% x line 2	$	
4	Adjustment from prior period	$	
5	Late charges (4% per month + $100)	$	
6	Total due 10th of following month	$	
	SIGNATURE	DATE	

FORM EWR-99

CITY OF MANSFIELD - EMPLOYER'S RETURN OF TAX WITHHELD

TEAR OUT FORM BEFORE USING

Federal Identification No.:

Month Ending: March 31 20 09

PLEASE MAIL WITH REMITTANCE TO:
City of Mansfield - Income Tax Division • P.O. Box 577 • Mansfield, Ohio 44901
(419) 755-9711

IF NOT SHOWN, LIST YOUR NAME, ADDRESS AND FED. I.D. NUMBER

1	# FULL & PART TIME EMPLOYEES	FT	PT
2	Total wages subject to tax	$	
3	Tax withheld 1.75% x line 2	$	
4	Adjustment from prior period	$	
5	Late charges (4% per month + $100)	$	
6	Total due 10th of following month	$	
	SIGNATURE	DATE	

FORM EWR-99

CITY OF MANSFIELD - EMPLOYER'S RETURN OF TAX WITHHELD

TEAR OUT FORM BEFORE USING

Federal Identification No.:

Month Ending: April 30 20 09

PLEASE MAIL WITH REMITTANCE TO:
City of Mansfield - Income Tax Division • P.O. Box 577 • Mansfield, Ohio 44901
(419) 755-9711

IF NOT SHOWN, LIST YOUR NAME, ADDRESS AND FED. I.D. NUMBER

1	# FULL & PART TIME EMPLOYEES	FT	PT
2	Total wages subject to tax	$	
3	Tax withheld 1.75% x line 2	$	
4	Adjustment from prior period	$	
5	Late charges (4% per month + $100)	$	
6	Total due 10th of following month	$	
	SIGNATURE	DATE	

FORM EWR-99

CITY OF MANSFIELD - EMPLOYER'S RETURN OF TAX WITHHELD

TEAR OUT FORM BEFORE USING

Federal Identification No.:

Month Ending: May 31 20 09

PLEASE MAIL WITH REMITTANCE TO:
City of Mansfield - Income Tax Division • P.O. Box 577 • Mansfield, Ohio 44901
(419) 755-9711

IF NOT SHOWN, LIST YOUR NAME, ADDRESS AND FED. I.D. NUMBER

1	# FULL & PART TIME EMPLOYEES	FT	PT
2	Total wages subject to tax	$	
3	Tax withheld 1.75% x line 2	$	
4	Adjustment from prior period	$	
5	Late charges (4% per month + $100)	$	
6	Total due 10th of following month	$	

SIGNATURE	DATE

FORM EWR-99

CITY OF MANSFIELD - EMPLOYER'S RETURN OF TAX WITHHELD

TEAR OUT FORM BEFORE USING

Federal Identification No.:

Month Ending: June 30 20 09

PLEASE MAIL WITH REMITTANCE TO:
City of Mansfield - Income Tax Division • P.O. Box 577 • Mansfield, Ohio 44901
(419) 755-9711

IF NOT SHOWN, LIST YOUR NAME, ADDRESS AND FED. I.D. NUMBER

1	# FULL & PART TIME EMPLOYEES	FT	PT
2	Total wages subject to tax	$	
3	Tax withheld 1.75% x line 2	$	
4	Adjustment from prior period	$	
5	Late charges (4% per month + $100)	$	
6	Total due 10th of following month	$	

SIGNATURE	DATE

FORM EWR-99

CITY OF MANSFIELD - EMPLOYER'S RETURN OF TAX WITHHELD

TEAR OUT FORM BEFORE USING

Federal Identification No.:

Month Ending: July 31 20 09

PLEASE MAIL WITH REMITTANCE TO:
City of Mansfield - Income Tax Division • P.O. Box 577 • Mansfield, Ohio 44901
(419) 755-9711

IF NOT SHOWN, LIST YOUR NAME, ADDRESS AND FED. I.D. NUMBER

1	# FULL & PART TIME EMPLOYEES	FT	PT
2	Total wages subject to tax	$	
3	Tax withheld 1.75% x line 2	$	
4	Adjustment from prior period	$	
5	Late charges (4% per month + $100)	$	
6	Total due 10th of following month	$	

SIGNATURE	DATE

FORM EWR-99

CITY OF MANSFIELD - EMPLOYER'S RETURN OF TAX WITHHELD

TEAR OUT FORM BEFORE USING

Federal Identification No.:

Month Ending: August 31 20 09

PLEASE MAIL WITH REMITTANCE TO:
City of Mansfield - Income Tax Division • P.O. Box 577 • Mansfield, Ohio 44901
(419) 755-9711

IF NOT SHOWN, LIST YOUR NAME, ADDRESS AND FED. I.D. NUMBER

1	# FULL & PART TIME EMPLOYEES	FT	PT
2	Total wages subject to tax	$	
3	Tax withheld 1.75% x line 2	$	
4	Adjustment from prior period	$	
5	Late charges (4% per month + $100)	$	
6	Total due 10th of following month	$	

SIGNATURE	DATE

FORM EWR-99

CITY OF MANSFIELD - EMPLOYER'S RETURN OF TAX WITHHELD

TEAR OUT FORM BEFORE USING

Federal Identification No.:

Month Ending: September 30 20 09

PLEASE MAIL WITH REMITTANCE TO:
City of Mansfield - Income Tax Division • P.O. Box 577 • Mansfield, Ohio 44901
(419) 755-9711

IF NOT SHOWN, LIST YOUR NAME, ADDRESS AND FED. I.D. NUMBER

1	# FULL & PART TIME EMPLOYEES	FT	PT
2	Total wages subject to tax	$	
3	Tax withheld 1.75% x line 2	$	
4	Adjustment from prior period	$	
5	Late charges (4% per month + $100)	$	
6	Total due 10th of following month	$	

SIGNATURE	DATE

FORM EWR-99

CITY OF MANSFIELD - EMPLOYER'S RETURN OF TAX WITHHELD

TEAR OUT FORM BEFORE USING

Federal Identification No.:

Month Ending: October 31 20 09

PLEASE MAIL WITH REMITTANCE TO:
City of Mansfield - Income Tax Division • P.O. Box 577 • Mansfield, Ohio 44901
(419) 755-9711

IF NOT SHOWN, LIST YOUR NAME, ADDRESS AND FED. I.D. NUMBER

1	# FULL & PART TIME EMPLOYEES	FT	PT
2	Total wages subject to tax	$	
3	Tax withheld 1.75% x line 2	$	
4	Adjustment from prior period	$	
5	Late charges (4% per month + $100)	$	
6	Total due 10th of following month	$	

SIGNATURE	DATE

FORM EWR-99

CITY OF MANSFIELD - EMPLOYER'S RETURN OF TAX WITHHELD

TEAR OUT FORM BEFORE USING

Federal Identification No.:

Month Ending: November 30 20 09

PLEASE MAIL WITH REMITTANCE TO:
City of Mansfield - Income Tax Division • P.O. Box 577 • Mansfield, Ohio 44901
(419) 755-9711

IF NOT SHOWN, LIST YOUR NAME, ADDRESS AND FED. I.D. NUMBER

1	# FULL & PART TIME EMPLOYEES	FT	PT
2	Total wages subject to tax	$	
3	Tax withheld 1.75% x line 2	$	
4	Adjustment from prior period	$	
5	Late charges (4% per month + $100)	$	
6	Total due 10th of following month	$	

SIGNATURE	DATE

FORM EWR-99

CITY OF MANSFIELD - EMPLOYER'S RETURN OF TAX WITHHELD

TEAR OUT FORM BEFORE USING

Federal Identification No.:

Month Ending: December 31 20 09

PLEASE MAIL WITH REMITTANCE TO:
City of Mansfield - Income Tax Division • P.O. Box 577 • Mansfield, Ohio 44901
(419) 755-9711

IF NOT SHOWN, LIST YOUR NAME, ADDRESS AND FED. I.D. NUMBER

1	# FULL & PART TIME EMPLOYEES	FT	PT
2	Total wages subject to tax	$	
3	Tax withheld 1.75% x line 2	$	
4	Adjustment from prior period	$	
5	Late charges (4% per month + $100)	$	
6	Total due 10th of following month	$	

SIGNATURE	DATE

FORM EWR-99

INSTRUCTIONS

WHO MUST FILE: Each employer who employs within the City one or more persons on a salary, commission or other compensation basis, shall deduct at the time of the payment of such salary, wage, commission or other compensation, the tax due from said employee and shall make a return and pay to the City Finance Director the amount of taxes so deducted.

WHEN MUST YOU FILE: Each employer who is required to withhold City taxes as described above, must file monthly and deliver or mail (postmark date will be used) completed form and payment by 10 days following the end of the month. If said employer is required to withhold for less than $100 per month, they may file quarterly with a due date of 30 days following the end of the quarter. Failure to comply with these due dates will result in a $100.00 late filing penalty, 1% per month interest assessment, and 3% per month penalty assessment.

FAILURE TO FILE RETURN AND PAY TAX: Any person who shall fail, neglect or refuse to make any return required by this ordinance; or any taxpayer who shall refuse, neglect or fail to pay the tax, penalties and interest imposed by this ordinance; or any person, firm or corporation who shall refuse to permit the City Finance Director, or any duly authorized agent or employee, to examine his books, records and papers, or who shall knowingly make any incomplete, false or fraudulent return, or who shall attempt to do anything whatever to evade the payment of the whole or any part of the tax, shall be guilty of a misdemeanor of the Third Degree.

HOW TO PREPARE RETURN: Make sure that the name and Federal Identification Number on each form are correct. If not please make the proper corrections. Box 1) Enter number of full time and part time employees separately as of the 15th of month. 2) Enter the total wages subject to Mansfield Tax. 3) Enter box 2 amount multiplied by 1.75% 4) Enter any adjustments from prior periods. 5) Enter any late charges you are paying on this specific period. 6) Enter total amount being paid with this return. Enter all this information on the chart below for your records.

RECORD YOUR PAYMENTS BELOW

	LINE # 2	LINE # 3	LINE # 4	LINE # 5	LINE # 6		
	Wages	Tax	Adjustments	Late Charges	Total Paid	Check #	Check Date
JANUARY							
FEBRUARY							
MARCH							
APRIL							
MAY							
JUNE							
JULY							
AUGUST							
SEPTEMBER							
OCTOBER							
NOVEMBER							
DECEMBER							