

**Annual Reconciliation of Withholding Taxes for 2016
For employers withholding on a Quarterly basis**

City of Mansfield Income Tax Division
P.O. Box 577, Mansfield, Ohio 44901
Phone: (419)755-9711 Fax: (419)755-9751

Employer Name & Address

Federal EIN:

This reconciliation is due February 28, 2017 with W-2 forms
AND
100 or more w-2s you **MUST** use Digital Storage Media for reporting

Quarterly Amounts Paid:	Number of W-2s enclosed	_____
1st quarter _____	Total other city compensation paid	_____
2nd quarter _____	Total other city tax withheld	_____
3rd quarter _____	Total Mansfield compensation paid	_____
4th quarter _____	Total Mansfield tax withheld	_____
Total _____	Total Mansfield tax paid	_____
	Mansfield underpaid (enclosed)	_____
	Mansfield Overpayment	_____
	Refund _____ Credit to next period	_____

I certify this reconciliation to be true and correct.

Authorized Signature _____

Printed Name _____

Title _____ Phone Number _____

Contact email address _____