

Annual Reconciliation of Withholding Taxes for 2016

For employers withholding on a Monthly 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

Amounts Paid

January	_____	Number of W-2s enclosed	_____
February	_____	Total other city compensation paid	_____
March	_____	Total other city tax withheld	_____
April	_____	Total Mansfield compensation paid	_____
May	_____	Total Mansfield tax withheld	_____
June	_____	Total Mansfield tax paid	_____
July	_____	Mansfield underpaid (enclosed)	_____
August	_____	Mansfield Overpayment	_____
September	_____	Refund _____ Credit to next period _____	
October	_____		
November	_____		
December	_____		

I certify this reconciliation to be true and correct.

Authorized Signature _____

Printed Name _____

Title _____

Phone Number _____

Contact email address _____