

**Annual Reconciliation of Withholding Taxes for 2016
For employers withholding on a Semi-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		Number of W-2s enclosed	_____
Jan	1 and 2	_____	_____
Feb	3 and 4	_____	Total other city compensation paid
Mar	5 and 6	_____	_____
April	7 and 8	_____	Total other city tax withheld
May	9 and 10	_____	_____
June	11 and 12	_____	Total Mansfield compensation paid
July	13 and 14	_____	_____
Aug	15 and 16	_____	Total Mansfield tax withheld
Sept	17 and 18	_____	_____
Oct	19 and 20	_____	Total Mansfield tax paid
Nov	21 and 22	_____	_____
Dec	23 and 24	_____	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 _____