



Annual Reconciliation of Withholding Taxes for 2017

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:

Please also submit 1099 forms issued for compensation related to work performed in the City of Mansfield

This reconciliation is due **February 28th, 2018** with all employee W-2 forms attached
LATE FILING OF THIS RETURN IS SUBJECT TO \$25.00/MONTH PENALTY, UP TO \$150.00
 If 100 or more W-2s you **MUST** use Digital Storage Media for reporting

	Withholding Payments remitted for the month of	Number of W-2s enclosed	
January	_____		_____
February	_____	Total other city compensation paid	_____
March	_____		
	Qtr 1		
April	_____	Total other city tax withheld	_____
May	_____		
June	_____	Total Mansfield compensation paid	_____
	Qtr 2		
July	_____		
August	_____	Total Mansfield tax withheld	_____
September	_____		
	Qtr 3		
October	_____	Total Mansfield tax paid	_____
November	_____		
December	_____	Mansfield underpaid (enclosed)	_____
	Qtr 4		
		Mansfield Overpayment	_____
Total Remitted	_____	Refund _____ Credit to next period _____	

I certify this reconciliation to be true and correct.

Authorized Signature _____

Printed Name _____

Title _____ Phone Number _____

Contact email address _____