

**FORM FR – B**  
**INCOME TAX RETURN**  
**YEAR 2013**  
**OR**

**BUSINESS**

Make Checks and Money  
 Orders Payable to:  
 City of Mansfield

**Fiscal Period** \_\_\_\_\_ **to** \_\_\_\_\_  
 CALENDAR YEAR TAXPAYERS FILE ON OR BEFORE APRIL 15, 2014.  
 FISCAL and PARTIAL YEARS FILE WITHIN 105 DAYS AFTER THE CLOSE OF THE FISCAL YEAR.

Tax Return for  
 \_\_\_ Corporation  
 \_\_\_ Partnerships  
 \_\_\_ Fiduciary  
 \_\_\_ Estates  
 \_\_\_ Trusts  
 CHECK ONE

DID YOU FILE A CITY  
 RETURN LAST YEAR  
 YES  NO

Is this a Final Return  Yes  No

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Is this an address change  Yes  No

Federal Employer Identification Number  

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 Has a return been previously filed with  
 Mansfield Using this number?  
 YES  NO

1. Taxable Income from Federal Return (attach Copy of Federal Return).....		\$
2. Adjustments (from line O, Schedule X) on following page.....		\$
3. Taxable Income before allocation (Line 1 plus/minus line 2).....		\$
4. Apportionment Percentage (From Schedule Y) _____%.....		\$
5. Mansfield Taxable Income (Multiply line 3 by line 4).....		\$
Fiscal filers please see blended tax rate in our instruction page ( <b>effective 1/1/2014 voted rate is 2%</b> )		
6. Mansfield Income Tax (Multiply line 5 by blended rate table found in the instructions).....		\$
7. Credits applied from 20___ to this year's liability.....	\$	
8. Estimates paid on this years liability.....	\$	
9. Wage Credit (See instructions).....	\$	
10. Total Credits.....		\$
11. Tax Due (Subtract line 10 from line 6).....		\$
12A. DELAYED FILING PENALTY \$25.00, PLUS PENALTY (1% per month if paid after due date).....		\$
12B. Plus Interest (1% per month if paid after due date).....		\$
13. Total Due (If less than \$3.00-do not remit).....		\$
<b>Pay This Amount</b>		
14. Overpayment (Line 10 greater than line 6) (must be more than \$3.00).....	\$	
A. Amount from line 14 to be refunded.....	\$	
B. Amount from line 14 to be credited to next year.....	\$	

If this return was prepared by a tax practitioner, check here if we may contact him/her directly with questions regarding the preparation of this return.

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes.

SIGNATURE OF PERSON PREPARING, IF OTHER THAN TAXPAYER \_\_\_\_\_ DATE \_\_\_\_\_ SIGNATURE OF TAXPAYER OR AGENT \_\_\_\_\_ DATE \_\_\_\_\_  
 ADDRESS OF FIRM OR EMPLOYER \_\_\_\_\_ PHONE # \_\_\_\_\_ TITLE \_\_\_\_\_ PHONE # \_\_\_\_\_

**SCHEDULE X – RECONCILIATION WITH FEDERAL INCOME TAX RETURN**

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A Capital Losses (Excluding Ordinary Loss)....	\$	I Capital Gains (Excluding Ordinary Gain)	\$
B Income Taxes Paid.....	\$	J Interest Earned or Accrued.....	\$
C 5% of Amount Deducted as Intangible Income.....	\$	K Dividends.....	\$
D Guaranteed Payments to Partners.....	\$	L Income From Royalties, Patents and Copyrights.....	\$
E Amounts for Qualified Self-Employed Retirement, Health & Life Insurance Plans For owners of non-C Corporation Entities or self-employment tax.....	\$	M Other (Explain).....	\$
F Previous Year Net Operating Loss Deduction.....	\$		
G Other.....	\$		
H TOTAL ADDITIONS.....	\$		
		N TOTAL DEDUCTIONS	\$
		O Combine Lines H and N. Enter Net on Front Page Line 2	\$

**SCHEDULE Y – BUSINESS APPORTIONMENT FORMULA**

	A Located Everywhere	B Located in Mansfield	C Percentage (B / A)
Step 1 Average Original Cost of real and tangible personal property	\$	\$	
Gross annual rentals paid multiplied by 8.....	\$	\$	
Total Step 1.....	\$	\$	%
Step 2 Gross receipts from sales made and/or work or services Performed.....	\$	\$	%
Step 3 Wages, Salaries, Etc. Paid.....	\$	\$	%
Step 4 Total Percentages.....			%
Step 5 Average percentage (Divide total percentages by number of percentages used – carry to line 4 on front).....			

**SCHEDULE Z – PARTNER'S DISTRIBUTIVE SHARE OF NET INCOME**

1 Name and address of each partner	2 Social Security Number	3 Amount	4 EIN of Payer
(a)			
(b)			
(c)			
(d)			
Carry forward to line 1 on front	TOTAL		

**ATTACH FEDERAL SCHEDULES**