

CITY OF MANSFIELD
 INCOME TAX DIVISION
 P.O. BOX 577
 MANSFIELD, OHIO 44901-0577
 TELEPHONE (419) 755-9711
 FAX (419) 755-9751

INCOME TAX RETURN
 YEAR **2014**
 FILE BY APRIL 15, 2015

INDIVIDUAL

YOU MUST FILE AN INDIVIDUAL TAX RETURN - **JOINT RETURNS NOT ACCEPTED**

Name _____
 Address _____
 City _____
 State _____ Zip _____

SOCIAL SECURITY # _____ - _____ - _____
 WERE YOU A MANSFIELD RESIDENT IN 2014? YES ___ NO ___
 DATE MOVED INTO MANSFIELD _____
 DATE MOVED OUT OF MANSFIELD _____
 DID YOU FILE A CITY RETURN LAST YEAR? YES ___ NO ___

- I am retired and have no taxable income - date retired _____ Active Military _____ Unemployed _____ Disabled _____
 I am under 18 years of age - Birth Date _____ (Verification is needed) - Social Security _____ Pension _____
 I am at least 65 years of age, I receive a deduction of \$6,350.00 on rental/or \$2,500.00 on earned income
 I had no taxable income in 2014

FIGURE YOUR TOTAL INCOME	1. TOTAL W-2 WAGES (FROM WORKSHEET A) (Important: Attach all W-2's)		\$ _____	
	2. 2106 EXPENSE ADJUSTMENT (FROM WORKSHEET A column 3).....		\$ _____	
	3. TAXABLE WAGES (SUBTRACT LINE 2 FROM LINE 1).....		\$ _____	
	4. OTHER INCOME (FROM WORKSHEET B) (Attach All Schedules).....		\$ _____	
	5. TOTAL INCOME (ADD LINES 3 AND 4).....		\$ _____	
	6. ADJUSTMENTS (FROM WORKSHEET C).....		\$ _____	
	7. MANSFIELD TAXABLE INCOME (SUBTRACT LINE 6 FROM LINE 5).....		\$ _____	
FIGURE YOUR TOTAL TAX	8. MANSFIELD INCOME TAX (MULTIPLY LINE 7 BY .02).....	→	\$ _____	
	9. CREDITS: A. MANSFIELD INCOME TAX WITHHELD BY EMPLOYERS.....	\$ _____		
	B. ESTIMATED TAX PAYMENTS AND/OR PRIOR YEAR CREDITS.....	\$ _____		
	C. INCOME TAXES PAID TO OTHER CITIES (INSTRUCTIONS- Limit 1%)	\$ _____		
	D. TOTAL CREDITS (ADD LINES 9A THROUGH 9C).....	→	\$ _____	
	10. BALANCE DUE (SUBTRACT LINE 9D FROM LINE 8).....		\$ _____	
	11. LATE FILING FEE \$25.00 (IF FILED AFTER APRIL 15)		\$ _____	
	12. PENALTY/INTEREST (2% PER MONTH/AND OR PORTION OF MONTH IF PAID AFTER APRIL 15)		\$ _____	
	13. TOTAL DUE (IF LESS THAN \$3.00-DO NOT REMIT) (ADD LINES 10, 11, 12)		\$ _____	
	OVERPAYMENT OR CREDIT	14. OVERPAYMENT CLAIMED.....	\$ _____	
		A. AMOUNT FROM LINE 14 TO BE REFUNDED.....	\$ _____	
		B. AMOUNT FROM LINE 14 TO BE CREDITED TO NEXT YEAR.....	\$ _____	

DECLARATION OF ESTIMATED MANSFIELD, OHIO CITY INCOME TAX FOR 2015

15. Total income subject to tax \$ _____ multiply by 2.00% (2015 tax rate)	\$ _____
16. Estimated credits (tax withheld, paid by partnerships, paid to other cities)	\$ _____
17. Net Tax Due (line 15 less Line 16)	\$ _____
18. First installment of declaration (not less than 22.5% of line 17)	\$ _____
19. Less overpayment from line 14B above: (\$ _____) = Balance due with return:	\$ _____

20. **TOTAL AMOUNT DUE (ADD Lines 13 and 19)..... PAY THIS AMOUNT \$ _____**

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. The return must be signed and dated.

SIGNATURE OF TAXPAYER (REQUIRED) _____ DATE _____

SIGNATURE OF PREPARER, IF OTHER THAN TAXPAYER _____ DATE _____

PHONE # _____

EMPLOYER AND ADDRESS OF PREPARER _____ PHONE # _____

WORKSHEET A – SALARIES AND WAGES (W2 INCOME)

Column 1 Employer, City, State	Column 2 Income From Each W-2	Column 3 2106 Expenses Adj.	Column 4 Mansfield Tax Withheld	Column 5 Other City Tax Withheld
A.				
B.				
C.				
D.				
Totals				

(A) 2106 expenses can only be used if used federally. To calculate the acceptable adjustment (Column3), use line 10 of Form 2106 minus 2% of line 38 of Form 1040. Please include a copy of Federal Forms 2106, 1040, and Schedule A for documentation. Income reduced by this 2106 adjustment and (B) Other City Tax Withheld (Column 5) cannot exceed 1% of income from each W-2 (Column 2).

WORKSHEET B – OTHER INCOME

1. Schedule C (If taxes paid to other cities, attach other cities' returns) (Attach copy of Schedule C)

(A) Business Name	(B) Business Address	(C) Net Profit/ (Loss)	(D) Allocation Percentage	(C times D) Amount Subject to Tax
A.				
B.				

TOTAL (1) \$ _____

2. Schedule E – Income From Rents (Attach Federal Schedule E)

TOTAL (2) \$ _____

3. Schedule O – Other Income Not Included in Schedules C or E (Attach Federal Schedules)

Income from Partnerships, Estates, Trusts, Fees, Tips, 1099'S, etc.

Received From Name/ID#	For (Description and/or Location)	Amount
A.		
B.		

TOTAL (3) \$ _____

TOTAL OTHER INCOME (ADD LINES 1 – 3) ENTER ON LINE 4 (ON FRONT)

TOTAL \$ _____

NOTE: The net loss from an unincorporated business activity may not be used to offset salaries, wages, commissions or other compensation. However, if a taxpayer is engaged in two or more taxable business activities to be included on the same return, the net loss of one unincorporated business activity may be used to offset the profits of another for purposes of arriving at overall net profits. **(Final Return Line 4 cannot be less than zero, if you have W-2 income)**

WORKSHEET C – ADJUSTMENTS TO INCOME (Part year residents, credits for taxpayers 65 and older, income not subject to tax, etc. See instructions for detail)

Explanation	Deductions
Net Adjustment (enter on Final Return Line 6)	

ATTACHMENTS REQUIRED WITH ALL RETURNS: W-2'S AND FEDERAL SCHEDULES

IMPORTANT: It is **mandatory** to file a declaration of estimated taxes and make estimated payments, also please read instructions on who must file and what is taxable or non-taxable income.