



# Annual Reconciliation of Withholding Taxes for 2020

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, 2021** 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 or the month of

Number of W-2s enclosed

January \_\_\_\_\_  
February \_\_\_\_\_  
March \_\_\_\_\_

Total other city compensation paid \_\_\_\_\_

Qtr 1 \_\_\_\_\_

April \_\_\_\_\_  
May \_\_\_\_\_  
June \_\_\_\_\_

Total other city tax withheld \_\_\_\_\_

Qtr 2 \_\_\_\_\_

Total Mansfield compensation paid \_\_\_\_\_

July \_\_\_\_\_  
August \_\_\_\_\_  
September \_\_\_\_\_

Total Mansfield tax withheld \_\_\_\_\_

Qtr 3 \_\_\_\_\_

Total Mansfield tax paid \_\_\_\_\_

October \_\_\_\_\_  
November \_\_\_\_\_  
December \_\_\_\_\_

Mansfield underpaid (enclosed) \_\_\_\_\_

Qtr 4 \_\_\_\_\_

Mansfield Overpayment \_\_\_\_\_

Total Remitted \_\_\_\_\_

Refund \_\_\_\_\_ Credit on next period \_\_\_\_\_

I certify this reconciliation to be true and correct.

Authorized Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_ Phone Number \_\_\_\_\_

Contact email address \_\_\_\_\_