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

FORM FR - B INCOME TAX RETURN YEAR 2017 OR

BUSINESS

Make Checks and Money Orders Payable to: City of Mansfield Fiscal Period CALENDAR YEAR TAXPAYER FISCAL and PARTIAL YEARS FIL	RS FILE ON OR BEFOR		YEAR. Tax Return Corpor YEAR. Partnel Fiducia	ation rships
DID YOU FILE A CITY RETURN LAST YEAR YES NO			Estates Trusts CHECK ON	5
Name:				
Address:			- 1 1- 1 - 1 - 1	
City: State:		ip Code:	as a return been previous	
Is this an address change Yes No		М	lansfield Using this numbe	
Taxable Income from Federal Return (attach C Advisors and (from line C. Cabadula XX) on fall				\$
Adjustments (from line O, Schedule X) on following page Taxable Income before allocation (Line 1 plus/minus line 2)				\$
	\$			
4. Apportionment Percentage (From Schedule Y)%				
5. Mansfield Taxable Income (Multiply line 3 by l				\$
6. Mansfield Income Tax (Multiply line 5 by 2%).				\$
7. Credits applied from 20 to this year's liabil	lity		\$	4
8. Estimates paid on this years liability			. \$	
9. Total Credits				\$
10. Tax Due (Subtract line 10 from line 6)				\$
11 LATE FILING PENALTY - PLUS LATE PAYMENT	PENALTY (see inst	tructions)		\$
12 Interest (6% per annum if paid after due date	\$			
13. Total Due (If less than \$10.00-do not remit).	Pay This Amount	\$		
14. Overpayment (Line 10 greater than line 6) (must be more than \$10.00)\$				
A. Amount from line 14 to be refunded	A. Amount from line 14 to be refunded\$			
B. Amount from line 14 to be credited to next year\$			1	
If this return was prepared by a tax practitioner, check h				tion of this return.
The undersigned declares that this return (and acc stated and that the figures used herein are the sar				the taxable period
SIGNATURE OF PERSON PREPARING, IF OTHER THAN TAXPAYER	DATE	SIGNATURE OF TAXPA	YER OR AGENT	DATE
ADDRESS OF FIRM OR EMPLOYER	PHONE #	TITLE		PHONE #

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	\$
		L Income From Royalties,	
D Guaranteed Payments to Partners	\$	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 Combii	ne Lines H and N. Enter Net on Front Page Line 2	\$

A Located Everywhere	B Located in Mansfield	C Percentage (B / A)
\$	\$	-
\$	\$	
\$	\$	9/
\$	\$	
\$	\$	9/
		9/
	A Located Everywhere	Everywhere Mansfield

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			