

City of Mansfield, Ohio Income Tax - Change of Address

Part 1 CHANGE YOUR HOME MAILING ADDRESS		
Use this section if you are an individual. If your last return w	·	establishing a
residence separate from the spouse with whom you filed the	at return, check box	
1. Your Name (first name, middle initial and last name)	1a. Your social security number	
1. Tour warne (inst name, middle mittal and last name)	ta. Your Social Security number	
2. Spouse's Name (first name, middle initial and last name)	2a. Spouse's social security numb	per
3. Prior name(s)		
3. Phot hame(s)		
4. Old address (number, street, city or town, state and zip code)		
5. New address (number, street, city or town, state and zip code)		Date of Move
5. Tell dadress (number, street, city or town, state and zip code)		Sate of Work
Part 2 CHANGE YOUR BUSINESS MAILING ADDRE	SS OR BUSINESS LOCATION	
Check all boxes this change affects:		
6. Business net profit returns		
7. Employer withholding returns		
8. Business Location		
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9. Business name		
10. Old mailing address (number, street, city or town, state and zi	p code)	1
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11. New mailing address (number, street, city or town, state and z	zip code)	Date of Move
Part 3 SIGNATURE		
V	Χ	
X		
Your Signature Date	If part 2 completed signature of c	owner, Date
X	officer	
If joint return, spouse's signature Date	 Title	
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Mail to: City of Mansfield, Ohio Income Tax Division P.O. Box 577, Mansfield, Ohio 44901

Fax to: 419-755-9751 Email: Tax@ci.mansfield.oh.us