CITY OF MANSFIELD INCOME TAX DIVISION P.O. BOX 577 - PAYMENT P.O. BOX 607 - NO PAYMENT MANSFIELD, OHIO 44901 TELEPHONE (419) 755-9711 FAX (419) 755-9751

SIGNATURE OF TAXPAYER (SPOUSE)

### INCOME TAX RETURN YEAR **2018** FILE BY APRIL 15, 2019

## **INDIVIDUAL**

# ATTACH FEDERAL EXTENSION IF FILED AFTER APRIL 15TH

1777 (	13) 733 3731				
Name	Primary S	Soc Sec #	Birthdate//	<b>/</b>	
Name	Spouse S	soc Sec #	Birthdate/		
Address	City		State Zip		
DID YOU FILE	RESIDENT: DATE MOVED INTO MANSFIELD _ A CITY RETURN LAST YEAR? Yes No ACCOUNT BE INACTIVATED YeS No				
	S: DUAL/MARRIED FILING SEPARATELY - BOTH SIGNATURES REQUIRED		DER 18 – ATTACH PROOF OF BIR		
CALCULATE	1. TOTAL W-2 WAGES (FROM WORKSHEET A) (I			   \$	
TAXABLE INCOME	2. OTHER INCOME (FROM WORKSHEET B)			\$	
	3. TOTAL INCOME (ADD LINES 1 AND 2)			\$	
	4. ADJUSTEMENT (FROM WORKSHEET C)			\$	
	5. SUBTRACT LINE 4 FROM LINE 3			\$	
	6. CARRYOVER LOSS FROM 2017 (SEE INSTRUC	ΓΙΟΝS)		\$	
	7. MANSFIELD TAXABLE INCOME (SUBTRACT LINE 6 FROM LINE 5)				
	8. MANSFIELD INCOME TAX (MULTIPLY LINE 7 BY .02)				
CALCULATE	9. CREDITS: A. MANSFIELD INCOME TAX WITHHELD BY EMPLOYERS\$\$				
TOTAL TAX CREDITS	B. ESTIMATED TAX PAYMENTS AND/OR PRIOR YEAR CREDITS\$				
	C. RESIDENTS ONLY INCOME TAXES PAID TO OTHER CITIES (SEE INSTRUCTIONS-Limit 1%) \$				
	D. TOTAL CREDITS (ADD LINES 9A THROUGH 9C)				
	10. TAX DUE (SUBTRACT LINE 9D FROM LINE 8)				
	11. LATE FILING FEE (\$25.00 EACH MONTH FILED LATE UP TO MAXIMUM OF \$150.00)				
	12. LATE PAYMENT PENALTY (SEE INSTRUCTIONS TO CALCULATE) IF PAID AFTER DUE DATE				
	13. INTEREST (PLEASE SEE INSTRUCTIONS TO CALCULATE) IF PAID AFTER DUE DATE				
	14. TOTAL DUE (IF LESS THAN \$10.00-DO NOT F	'AY) (ADD LINES 10, 11, 12 ar	nd 13)	\$	
OVERPAYMENT	15. OVERPAYMENT CLAIMED: TO BE REFUNDED	\$ CREDITED TO	O NEXT YEAR \$		
	DECLARATION OF ESTIMATE	MANSFIELD, OHIO CITY II	NCOME TAX FOR 2019		
16. Total income	subject to tax \$ multiply by 2	.00% (2019 tax rate)		\$	
17. Estimated cr	edits (tax withheld, paid by partnerships, paid to oth	er cities, line 15 prior year cre	edit)	\$	
18. Net Tax Due (line 16 less Line 17)					
19. First installm	ent of declaration (Multiply line 18 by at least 22.5%	b)		\$	
20. Less overpa	ment from line 15 above: (\$)	= Balance due with return		\$	
21. TOTAL AN	OUNT DUE (ADD Lines 14 and 20)		PAY THIS AMOUNT	\$	
IF THIS RETURN W	AS PREPARED BY A TAX PRACTITIONER, CHECK HERE IF WE MAY CONTA	CT HIM/HER DIRECTLY WITH QUESTIONS	REGARDING THE PREPARATION OF THIS RETURN.		
	declares that this return (and accompanying schedune same as used for Federal income tax purposes. T				
SIGNATURE OF TA	XPAYER (PRIMARY) DATE	SIGNATU	RE OF PREPARER, IF OTHER THAN TAXPAYER	DATE	

DATE

EMPLOYER AND ADDRESS OF PREPARER

PHONE #

#### **WORKSHEET A** – SALARIES AND WAGES (W2 INCOME)

Column 1	Column 2	Column 3	Column 4
Employer, City, State	Income From Each W-2	Mansfield Tax Withheld	Other City Tax Withheld
A.			
В.			
C.			
D.			
Totals			

#### **WORKSHEET B – OTHER INCOME**

**1. Schedule C** (Income found on your federal schedule C)

(A)	(B)	(C)	(D)	(C times D)
Business Name	Business Address	Net Profit/ (Loss)	Allocation Percentage	Amount Subject to Tax
A.				-
В.				
<u> </u>		•	·	•

TOTAL (1) \$\_\_\_\_\_

**2. Schedule E** – Income From Rentals (Income found on your federal schedule E)

TOTAL (2) \$ \_\_\_

3. Schedule O – Other Income Not Included in Schedules C or E (Income from Partnerships, Estates, Trusts, S-Corp, 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 HERE AND ON LINE 2 (ON FRONT)

**TOTAL** 

NOTE: The net loss from an unincorporated business activity may not be used to offset salaries, wages, commissions or other compensation (W-2 statement). 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. (Line 5 (on front) 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 Line 4 on front)	\$	

#### ATTACHMENTS REQUIRED WITH ALL RETURNS: W-2'S AND FEDERAL 1040

**IMPORTANT:** It is **mandatory** to file a declaration of estimated taxes and make estimated payments if you expect to owe \$200.00 or more in taxes, also please read instructions on who must file and what is taxable or non-taxable income.