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

INCOME TAX RETURN YEAR 2019 FILE BY APRIL 15, 2020 ATTACH FEDERAL EXTENSION IF **FILED AFTER APRIL 15TH**

INDIVIDUAL

Name	Primary Soc Sec #	 Birthdate	//	_
Name	_ Spouse Soc Sec #	 Birthdate	//	_
Address	City	 State	Zip	

 PARTIAL YEAR RESIDENT: DATE MOVED INTO MANSFIELD ____/___ DATE MOVED OUT OF MANSFIELD ____/___

 DID YOU FILE A CITY RETURN LAST YEAR? Yes _____ No _____

 SHOULD YOUR ACCOUNT BE INACTIVATED Yes _____ No _____

	S: NON-FILING STATUS: NO TAXABLE INCOME	BIRTHDATE
CALCULATE	1. TOTAL W-2 WAGES (FROM WORKSHEET A) (Important: Attach all W-2's & W-2Gs and 1040, 1040A or 1040EZ))\$
TAXABLE INCOME	2. OTHER INCOME (FROM WORKSHEET B)	
INCOME	3. TOTAL INCOME (ADD LINES 1 AND 2)	
	4. ADJUSTEMENT (FROM WORKSHEET C)	
	5. SUBTRACT LINE 4 FROM LINE 3	
	6. PRIOR YEAR(S) CARRYOVER LOSS (SEE INSTRUCTIONS)	
	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	۴
TOTAL TAX	B. ESTIMATED TAX PAYMENTS AND/OR PRIOR YEAR CREDITS	
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	\$
	12. INTEREST (PLEASE SEE INSTRUCTIONS TO CALCULATE) IF PAID AFTER DUE DATE	\$
	14. TOTAL DUE (IF LESS THAN \$10.00-DO NOT PAY) (ADD LINES 10, 11, 12 and 13)	\$
	14. TOTAL DOL (IF LESS THAN \$10.00-DO NOT PAT) (ADD LINES 10, 11, 12 and 13)	\$
OVERPAYMENT	15. OVERPAYMENT CLAIMED: TO BE REFUNDED \$ CREDITED TO NEXT YEAR \$	
	DECLARATION OF ESTIMATED MANSFIELD, OHIO CITY INCOME TAX FOR 2020	
16 Total income	e subject to tax \$ multiply by 2.00% (2020 tax rate)	
	edits (tax withheld, paid by partnerships, paid to other cities, line 15 prior year credit)	Ψ
18. Net Tax Due	(line 16 less Line 17)	\$
19. First installm	nent of declaration (Multiply line 18 by at least 22.5%)	\$
20. Less overpay	yment from line 15 above: (\$) = Balance due with return	\$
21. TOTAL AN	10UNT DUE (ADD Lines 14 and 20) PAY THIS AMOU	JNT \$
IF THIS RETURN W	AS PREPARED BY A TAX PRACTITIONER, CHECK HERE IF WE MAY CONTACT HIM/HER DIRECTLY WITH QUESTIONS REGARDING THE PREPARATION OF THIS RETURN	۷.

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. JOINT RETURNS REQUIRE BOTH SIGNATURES

SIGNATURE OF TAXPAYER (PRIMARY)

SIGNATURE OF PREPARER, IF OTHER THAN TAXPAYER DATE

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
Α.			
В.			
С.			
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
Α.				
В.				
		TOTAL (1)	\$	

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

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
Α.			
В.			
		TOTAL (3)	\$
TOTAL OTHER INCOME (AD	DD 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.

TOTAL (2) \$____