CITY OF MANSFIELD, OHIO
DECLARATION OF ESTIMATED TAX FOR YEAR 2024
2024 ESTIMATED TAX VOUCHER #1 – Due 15th day of 4th fiscal month

Name: _____ FEIN # _____

Address: _____

1.	Total income subject to tax…… $_____ (Multiply by .02)		$ _____
2.	Less income tax withheld by other city (Credit limited to 1%)……		$ _____
3.	Total Declaration (line 1 minus line 2) ……		$ _____
4.	Payment amounts (line 3 times 0.225) ……		$ _____
5.	Overpayment from previous year (if not refunded) ……		$ _____
6.	1st payment amount (line 4 minus line 5) ……		$ _____

90% OF BALANCE TO BE PAID IN FOUR EQUAL INSTALLMENTS

2024 ESTIMATED TAX VOUCHER #2 – Due 15th day of 6th fiscal month

Name: _____ FEIN # _____

Address: _____

1. Payment Enclosed $ _____ 2. Check # …… _____
3. Prior amount paid $ _____ 4. Remaining Balance $ _____
Contact Person…… _____ Phone # …….. _____

2024 ESTIMATED TAX VOUCHER #3 – Due 15th day of 9th fiscal month

Name: _____ FEIN # _____

Address: _____

1. Payment Enclosed $ _____ 2. Check # …… _____
3. Prior amount paid $ _____ 4. Remaining Balance $ _____
Contact Person…… _____ Phone # …….. _____

2024 ESTIMATED TAX VOUCHER #4 – Due 15th day of 12th fiscal month

Name: _____ FEIN # _____

Address: _____

1. Payment Enclosed $ _____ 2. Check # …… _____
3. Prior amount paid $ _____ 4. Remaining Balance $ _____
Contact Person…… _____ Phone # …….. _____

MAIL PAYMENTS TO: **CITY OF MANSFIELD, INCOME TAX DIVISION**
P.O. BOX 577
MANSFIELD, OHIO 44901-0577