

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

INCOME TAX RETURN
YEAR **2024**
FILE BY APRIL 15, 2025

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 _____ If Yes explain _____

FILING STATUS: _____ INDIVIDUAL/MARRIED FILING SEPARATELY
_____ JOINT - BOTH SIGNATURES REQUIRED
NON-FILING STATUS: NO TAXABLE INCOME _____
UNDER 18 - **ATTACH PROOF OF BIRTHDATE**
RETIRED-DATE ____/____/____

CALCULATE TAXABLE INCOME	1. TOTAL W-2 WAGES (FROM WORKSHEET A) (Important: Attach all W-2's & W-2Gs and 1040, 1040A or 1040EZ)	\$ _____
	2. OTHER INCOME (FROM WORKSHEET B)	\$ _____
	3. TOTAL INCOME (ADD LINES 1 AND 2)	\$ _____
	4. ADJUSTMENT (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 TOTAL TAX CREDITS	9. CREDITS: A. MANSFIELD INCOME TAX WITHHELD BY EMPLOYERS	\$ _____
	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)	\$ _____
Tax due and charges for late filing and late payment	10. TAX DUE (SUBTRACT LINE 9D FROM LINE 8) If \$10.00 or less enter zero	\$ _____
	11. LATE FILING FEE (SEE INSTRUCTIONS)	\$ _____
	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 (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 2025

16. Total income subject to tax \$ _____ multiply by 2.25% (2025 tax rate)	\$ _____
17. Estimated credits (tax withheld, paid by partnerships, paid to other cities, line 15 prior year credit)	\$ _____
18. Net Tax Due (line 16 less Line 17)	\$ _____
19. First installment of declaration (Multiply line 18 by at least 22.5%)	\$ _____
20. Less overpayment from line 15 above: (\$.....) = Balance due with return	\$ _____

21. **TOTAL AMOUNT DUE (ADD Lines 14 and 20)** **PAY THIS AMOUNT** \$ _____

IF THIS RETURN WAS PREPARED BY A TAX PRACTITIONER, CHECK HERE IF WE MAY CONTACT HIM/HER DIRECTLY WITH QUESTIONS REGARDING THE PREPARATION OF THIS RETURN.

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) _____ DATE _____ SIGNATURE OF PREPARER, IF OTHER THAN TAXPAYER _____ DATE _____

SIGNATURE OF TAXPAYER (SPOUSE) _____ DATE _____ EMPLOYER AND ADDRESS OF PREPARER _____ PHONE # _____

WORKSHEET A – SALARIES AND WAGES (W2 INCOME)

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

WORKSHEET B – OTHER INCOME

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

(A) Business Name	(B) Business Address	(C) Net Profit/ (Loss)	(D) Allocation Percentage	(C times D) Amount Subject to Tax
A.				
B.				

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****

It is mandatory to file a declaration of estimated taxes and make estimated payments if you owe or expect to owe \$200.00 or more in taxes.

To pay by phone 419-755-9711 option 2. To pay online: www.ci.mansfield.oh.us go to income tax and then to **Pay taxes:** Pay by internet.

To drop off a completed tax return at the Mansfield Municipal Building there are two drop boxes. They are located to the right of the elevator at the Police entrance or the Court entrance off of Park Ave. East. You can also drop it off during normal business hours at the income tax office on the 7th floor.

If you have an approved extension to file request please attach it if filing after April 15th, 2025.