

FORM FR – B
INCOME TAX RETURN
YEAR 2024
OR

BUSINESS

Make Checks and Money
 Orders Payable to:
 City of Mansfield

Fiscal Period _____ **to** _____
 CALENDAR YEAR TAXPAYERS FILE ON OR BEFORE APRIL 15, 2025
 FISCAL and PARTIAL YEARS FILE WITHIN 105 DAYS AFTER THE CLOSE OF THE FISCAL YEAR.

Tax Return for
 ___ Corporation
 ___ Partnerships
 ___ Fiduciary
 ___ Estates
 ___ Trusts
 CHECK ONE

DID YOU FILE A CITY
 RETURN LAST YEAR?
 YES NO

Is this a Final Return Yes No?

Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Is this an address change Yes No

Federal Employer Identification Number

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 Has a return been previously filed with
 Mansfield Using this number?
 YES NO

1. Taxable Income from Federal Return (attach Copy of Federal Return)		\$	
2. Adjustments (from line O, Schedule X) on following page.....		\$	
3. Loss carry forward (Tax year 2017 is the first loss carry forward year allowed).....		\$	
4. Taxable Income before allocation (Line 1 plus/minus line 2 less line 3)		\$	
5. Apportionment Percentage (From Schedule Y) _____%			
6. Mansfield Taxable Income (Multiply line 4 by line 5)		\$	
7. Mansfield Income Tax (Multiply line 5 by 2%).....		\$	
8. Credits applied from 20__ to this year's liability.....	\$		
9. Estimates paid on this year's liability.....	\$		
10. Total Credits.....		\$	
11. Tax Due (Subtract line 10 from line 7)		\$	
12. LATE FILING PENALTY - PLUS LATE PAYMENT PENALTY (see instructions)		\$	
13. Interest (10% per annum if paid after due date).....		\$	
14. Total Due (If less than \$10.00-do not remit).....		\$	
15. Overpayment (Line 10 greater than line 7) (must be more than \$10.00).....	\$		
A. Amount from line 14 to be refunded.....	\$		
B. Amount from line 14 to be credited to next year.....	\$		

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.

SIGNATURE OF PERSON PREPARING, IF OTHER THAN TAXPAYER	DATE	SIGNATURE OF TAXPAYER OR AGENT	DATE
ADDRESS OF FIRM OR EMPLOYER	PHONE #	TITLE	PHONE #

SCHEDULE X – RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
A Capital Losses (Excluding Ordinary Loss)....	\$ _____	I Capital Gains (Excluding Ordinary Gain)	\$ _____
B Income Taxes Paid.....	\$ _____	J Interest Earned or Accrued.....	\$ _____
C 5% of Amount Deducted as Intangible Income.....	\$ _____	K Dividends.....	\$ _____
D Guaranteed Payments to Partners.....	\$ _____	L Income From Royalties, Patents and Copyrights.....	\$ _____
E Amounts for Qualified Self-Employed Retirement, Health & Life Insurance Plans For owners of non-C Corporation Entities or self-employment tax.....	\$ _____	M Other (Explain)_____	\$ _____
F Other.....	\$ _____	_____	_____
G TOTAL ADDITIONS.....	\$ _____	_____	_____
		N TOTAL DEDUCTIONS	\$ _____
		Combine lines G and N and enter net on front page Line 2	\$ _____

SCHEDULE Y – BUSINESS APPORTIONMENT FORMULA

	A Located Everywhere	B Located in Mansfield	C Percentage (B / A)
Step 1 Average Original Cost of real and tangible personal property	\$ _____	\$ _____	
Gross annual rentals paid multiplied by 8.....	\$ _____	\$ _____	
Total Step 1.....	\$ _____	\$ _____	%
Step 2 Gross receipts from sales made and/or work or services Performed.....	\$ _____	\$ _____	%
Step 3 Wages, Salaries, Etc. Paid.....	\$ _____	\$ _____	%
Step 4 Total Percentages.....			%
Step 5 Average percentage (Divide total percentages by number of percentages used – carry to line 4 on front).....			%

SCHEDULE Z – PARTNER’S DISTRIBUTIVE SHARE OF NET INCOME

1 Name and address of each partner	2 Social Security Number	3 Amount	4 EIN of Payer
(a)			
(b)			
(c)			
(d)			
Carry forward to line 1 on front	TOTAL		

ATTACH FEDERAL SCHEDULES