

CITY OF MANSFIELD, OHIO
DECLARATION OF ESTIMATED TAX FOR YEAR 2025
2025 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. 1 st payment amount (line 4 minus line 5) | | | \$ _____ |

90% OF BALANCE TO BE PAID IN FOUR EQUAL INSTALLMENTS

2025 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 # | _____ |

2025 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 # | _____ |

2025 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