



Annual Reconciliation of Withholding Taxes for 2024

City of Mansfield Income Tax Division
 P.O. Box 577, Mansfield, Ohio 44901
 Phone: (419)755-9711 Fax: (419)755-9751

Employer Name & Address

Federal EIN:

Please also submit 1099 forms issued for compensation related to work performed in the City of Mansfield

This reconciliation is due **February 28th, 2025** with all employee W-2 forms attached
LATE FILING OF THIS RETURN IS SUBJECT TO PENALTY
 If 100 or more W-2s you **MUST** use Digital Storage Media for reporting

	Withholding Payments remitted for the month of		Number of W-2s enclosed
January	_____		_____
February	_____		Total other city compensation paid _____
March	_____		
	Qtr 1	_____	
April	_____		Total other city tax withheld _____
May	_____		
June	_____		Total Mansfield compensation paid _____
	Qtr 2	_____	
July	_____		
August	_____		Total Mansfield tax withheld _____
September	_____		
	Qtr 3	_____	
October	_____		Total Mansfield tax paid _____
November	_____		
December	_____		Mansfield underpaid (enclosed) _____
	Qtr 4	_____	
			Mansfield Overpayment _____
Total Remitted	_____		Refund _____ Credit to next period _____

I certify this reconciliation to be true and correct.

Authorized Signature _____

Printed Name _____

Title _____ Phone Number _____

Contact email address _____