

CITY OF MANSFIELD  
 INCOME TAX DIVISION  
 P.O. BOX 577  
 MANSFIELD, OHIO 44901-0577  
 Telephone (419) 755-9711  
 Fax (419) 755-9751

**FORM FR – B  
 INCOME TAX RETURN  
 YEAR 2023  
 OR**

**BUSINESS**

Make Checks and Money  
 Orders Payable to:  
 City of Mansfield

**Fiscal Period** \_\_\_\_\_ **to** \_\_\_\_\_  
 CALENDAR YEAR TAXPAYERS FILE ON OR BEFORE APRIL 15, 2024  
 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.....	\$	

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**