

# QUARTERLY WITHHOLDING FORM

## USE THIS FORM IF YOU HAVE 9 OR FEWER EMPLOYEES

CITY OF MANSFIELD – EMPLOYER’S RETURN OF TAX WITHHELD

**TEAR OUT FORM BEFORE USING**

Federal Identification Number: \_\_\_\_\_  
 Quarter Ending: \_\_\_\_\_ 20 \_\_\_\_\_

**PLEASE MAIL WITH REMITTANCE TO:**  
 City of Mansfield - Income Tax Division  
 P.O. Box 577 • Mansfield, Ohio 44901  
 (419) 755-9711

**1 # Full & Part Time Employees**

2 Total Wages Subject to Tax

3 Total Withheld 1.75% x line 2

4 Adjustment from prior period

5 Late Charges  
 (4% per month +\$25)

6 Total Due 30<sup>th</sup> of following  
 month

FT	PT

[ ]

[ ]

SIGNATURE	DATE

*IF NOT SHOWN, LIST YOUR NAME, ADDRESS AND FED. I.D. NUMBER*