

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

INDIVIDUAL

INCOME TAX RETURN

YEAR 2000

FILE BY APRIL 16, 2001

FOR OFFICE USE ONLY	
<input type="checkbox"/> CASH	<input type="checkbox"/> CHECK
<input type="checkbox"/> M.O. \$ AMT. _____	
CHECK # _____	

MAKE CHECKS AND MONEY ORDERS
 PAYABLE TO:
 CITY OF MANSFIELD

YOU MUST FILE AN INDIVIDUAL TAX RETURN - JOINT RETURNS WILL NOT BE ACCEPTED

SOCIAL SECURITY # _____-_____-_____
 WERE YOU A MANSFIELD RESIDENT IN 2000? __YES __NO
 DATE MOVED INTO MANSFIELD _____
 DATE MOVED OUT OF MANSFIELD _____
 DID YOU FILE A CITY RETURN LAST YEAR? __YES __NO

IF SOCIAL SECURITY NUMBER, NAME OR ADDRESS IS INCORRECT, PLEASE MAKE CORRECTION

EXEMPTION	I AM EXEMPT BECAUSE:	
	<input type="checkbox"/> I AM RETIRED AND HAVE NO TAXABLE INCOME - DATE RETIRED _____	<input type="checkbox"/> ACTIVE MILITARY <input type="checkbox"/> UNEMPLOYED
	<input type="checkbox"/> I AM UNDER 18 YEARS OF AGE - BIRTH DATE _____ VERIFICATION NEEDED	<input type="checkbox"/> SOCIAL SECURITY <input type="checkbox"/> PENSION
	<input type="checkbox"/> I HAD NO TAXABLE INCOME IN 2000	<input type="checkbox"/> DISABLED
NOTE: IF YOU ARE EXEMPT - STOP HERE, SIGN, DATE AND MAIL YOUR RETURN		

ATTACH COPIES OF ALL W-2 FORMS, FEDERAL SCHEDULES AND 1099 HERE

FIGURE YOUR TOTAL INCOME	1. TOTAL W-2 WAGES (FROM WORKSHEET A ON BACK)	\$	
	2. OTHER INCOME (FROM WORKSHEET B ON BACK)	\$	
	3. TOTAL INCOME (TOTAL OF LINES 1 & 2)	\$	
	4. ADJUSTMENS (FROM WORKSHEET C ON BACK)	\$	
	5. MANSFIELD TAXABLE INCOME (LINE 3 MINUS LINE 4)	\$	
FIGURE YOUR TOTAL TAX	6. MANSFIELD INCOME TAX (MULTIPLY LINE 5 BY 0.0175)	\$	
	7. CREDITS: A. MANSFIELD INCOME TAX WITHHELD BY EMPLOYERS		
	B. ESTIMATED TAX PAYMENTS AND/OR PRIOR YEAR CREDITS		
	C. INCOME TAXES PAID TO OTHER CITIES (SEE INSTRUCTIONS)		
	D. TOTAL CREDITS		
	8. BALANCE DUE (LINE 6 LESS LINE 7D)		
	9. DELAYED FILING PENALTY \$25.00, PLUS PENALTY (1% PER MONTH), (IF FILED AFTER DUE DATE)		
	10. INTEREST 1% PER MONTH IF PAID AFTER APRIL 16		
	11. TOTAL DUE (IF LESS THAN \$3.00 - DO NOT REMIT)		pay this amount =>
OVER PAYMENT OR CREDIT	12. OVER PAYMENT CLAIMED		
	A. AMOUNT FROM LINE 12 TO BE REFUNDED		
	B. AMOUNT FROM LINE 12 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 PREPERATION 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 HERIN ARE THE SAME AS USED FOR FEDERAL INCOME TAX PURPOSES. THE RETURN MUST BE SIGN AND DATED.

SIGNATURE OF PREPARER <small>(If other than Taxpayer)</small>	DATE	SIGNATURE OF TAXPAYER	DATE
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EMPLOYER AND ADDRESS OF PREPARER	PHONE #	TAXPAYER PHONE #
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TAX DIVISION COPY

FORM FR-1 Rev. 06/26/2001
