

ANNUAL RECONCILIATION FOR THE YEAR 2001
CITY OF MANSFIELD, INCOME TAX DIVISION
P.O. BOX 577
MANSFIELD, OH 44901
PHONE (419) 755-9711
FAX (419) 755-9751

FOR OFFICE USE ONLY

W-2'S _____

RECON _____

THIS RECONCILIATION MUST BE RETURNED BY JANUARY 31ST, 2002 WITH W-2'S OR A LISTING OF W-2'S

OR

IF YOU HAVE 100 OR MORE W-2'S YOU MUST USE MAGNETIC MEDIA FOR REPORTING INFORMATION. YOUR TAPE AND THIS FORM ARE DUE BY FEBRUARY 28TH, 2002.

QUARTER AMOUNTS PAID:

1ST QUARTER _____
2ND QUARTER _____
3RD QUARTER _____
4TH QUARTER _____

NUMBER OF W-2'S ATTACHED _____

Total compensation _____
Reported on W-2's

Total tax withheld as
Shown on W-2 forms _____

MONTHLY AMOUNTS PAID:

1ST MONTH _____
2ND MONTH _____
3RD MONTH _____
4TH MONTH _____
5TH MONTH _____
6TH MONTH _____
7TH MONTH _____
8TH MONTH _____
9TH MONTH _____
10TH MONTH _____
11TH MONTH _____
12TH MONTH _____

Total tax amount
Paid this year _____

OVERPAYMENT: _____
(Please send us a check or an approved credit to be applied to a future payment for the above amount)

UNDERPAYMENT: _____
(See attached check)

***ENCLOSE 1099'S IF WORK WAS PERFORMED WITHIN THE CITY**

I CERTIFY THIS RECONCILIATION TO BE TRUE AND CORRECT

AUTHORIZED SIGNATURE _____

TITLE _____ PHONE NO.: _____

PRINT OR TYPE NAME OF PERSON SIGNING: _____