

QUARTERLY WITHHOLDING FORM

USE THIS FORM IF YOU HAVE 9 OR FEWER EMPLOYEES

TY 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 30th of following month

FT	PT

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SIGNATURE	DATE

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