

ANNUAL RECONCILIATION FOR THE YEAR 2002
 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, 2003 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, 2003.

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: _____