

MONTHLY WITHHOLDING FORM

USE THIS FORM IF YOU HAVE 10 OR MORE EMPLOYEES

CITY OF MANSFIELD – EMPLOYER'S RETURN OF TAX WITHHELD

TEAR OUT FORM BEFORE USING

Federal Identification Number: _____

Month Ending: _____ 20 _____

PLEASE MAIL WITH REMITTANCE TO:

City of Mansfield - Income Tax Division
 P.O. Box 577 • Mansfield, Ohio 44901
 (419) 755-9711

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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 10th of following
 month

FT	PT

SIGNATURE	DATE

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