

QUARTERLY WITHHOLDING FORM

USE THIS FORM IF YOU HAVE 9 OR FEWER EMPLOYEES

CITY 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

PT	PT

SIGNATURE

DATE

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