

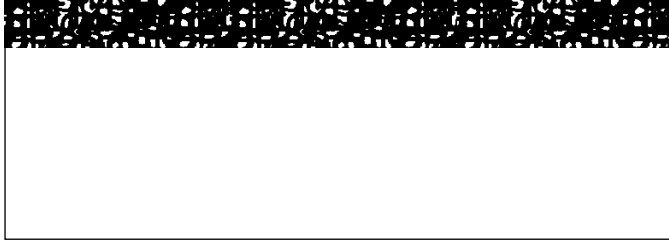


**CITY OF MANSFIELD
INCOME TAX DIVISION
PO BOX 577
MANSFIELD OH 44901-0577**

**INDIVIDUAL
2004
MANSFIELD INCOME TAX
RETURN PACKET**

PRESORTED
STANDARD
U.S. POSTAGE
PAID
MANSFIELD OH
PERMIT #4

Address Service Requested



DELIVER TO

Forms may be downloaded from our website at www.ci.mansfield.oh.us.

NOTICE:

Every Mansfield resident eighteen years of age and older must file a Mansfield Income Tax Return by April 15th of each year. Every non-resident individual earning income in Mansfield not subject to the withholding of Mansfield income tax must also file an annual return. A pre-printed form indicates you have an active account and must file this return, or provide an explanation as to why a return is not required.

IMPORTANT CITY INCOME TAX FORMS

**THIS IS YOUR CITY OF MANSFIELD TAX RETURN.
PENALTY AND INTEREST WILL BE ASSESSED FOR FAILURE TO COMPLY**

CITY OF MANSFIELD, INCOME TAX DIVISION, SANDRA CONVERSE, FINANCE DIRECTOR

City of Mansfield, Ohio
Income Tax Division
P.O. Box 577
Mansfield, Ohio 44901
Telephone (419) 755-9711
Fax (419) 755-9751

Additional Forms Available at
www.ci.mansfield.oh.us

GENERAL INSTRUCTIONS

WHO MUST FILE: Every Mansfield resident eighteen years of age and older must file a Mansfield Income Tax Return. Every non-resident individual earning income in Mansfield not subject to the withholding of Mansfield income tax must also file an annual Mansfield Income Tax Return (See page three for a list of items that are not taxed). Every non-resident individual with rental property, or engaged in a business or profession in Mansfield must file an annual Mansfield Income Tax Return.

FILING STATUS: Every taxpayer must file an individual return. Joint returns are not permitted.

BEFORE YOU START: Carefully review the name, address, and social security number on the pre-printed form. If anything is incorrect, please make the necessary changes. If your information is not pre-printed, fill in your name and current address. Please complete any of the five informational lines (located to the right of the address) that pertain to you.

EXEMPTION BOX: To be completed by individuals exempt from filing a Mansfield Income Tax Return.

WHEN AND WHERE TO FILE: This return must be filed or postmarked on or before April 15, 2005. Make checks or money orders payable to **City of Mansfield** and mail to: **Mansfield Income Tax Division, PO Box 577, Mansfield, Ohio 44901**. You may also bring your information (W-2s and/or Federal Schedules) to the office at 30 N. Diamond St., 7th Floor, Mansfield, Ohio 44902 and we will file your Mansfield Income Tax return for you. If deadline cannot be met, a copy of the Federal request for extension or a letter requesting an extension which includes name, address, social security or federal identification number **MUST BE FILED WITH THE INCOME TAX DIVISION BY THE ORIGINAL DUE DATE OF THE RETURN**. An extension request is not an extension of time to pay. Payment of any estimated tax due should accompany the extension request.

ESTIMATED TAX PAYMENTS: Every person who anticipates any taxable income which is not subject to withholding of income tax or who engages in any business, profession, or activity subject to Mansfield taxation shall file and pay estimated tax. Such payments are due on April 15, July 31, October 31, and January 31 of the following year. A declaration and payment of estimated tax which is less than ninety percent (90%) of the tax shown on the final return or less than one-hundred percent (100%) of the previous year's tax liability shall be subject to penalties and interest. Estimated payment vouchers have been provided.

DISCLAIMER: Definitions and Instructions are illustrative only. Chapter 191 of the Mansfield Codified Ordinance supersedes any interpretation presented.

DO NOT SEND CASH THROUGH THE MAIL!
A \$20.00 SERVICE FEE WILL BE IMPOSED ON ANY RETURNED CHECK.



MASTERCARD AND VISA ARE ACCEPTED.

INSTRUCTIONS FOR PREPARING CITY OF MANSFIELD INCOME TAX RETURN

- Line 1. Enter total amount of wages. If you have multiple W-2's or 2106 expenses, complete Worksheet A on back of return. Attach all W-2's and 1099's.
- Line 2. Enter 2106 expenses from Worksheet A, Column 3. When you reduce income earned in another city by 2106 expenses, you must also reduce the tax withheld by the same percentage. Federal form 2106, 1040, and Schedule A must be attached.
- Line 3. Subtract line 2 from line 1.
- Line 4. Enter the amount of other income from schedules C, E, or O on the back of the return, but not less than -0-. Attach appropriate schedules and documentation.
- Line 5. Add lines 3 and 4.
- Line 6. Use this space to enter income exempt from taxation (Worksheet C on back of return). This would include part-year resident income, days out deductions and any other income included on line 5 which is not taxable. Please attach appropriate documentation.
- Line 7. Subtract Line 6 from line 5.
- Line 8. Multiply line 7 by 1.75% (.0175).
- Line 9. A.) Enter total Mansfield tax withheld from W-2's (Worksheet A Column 4).
B.) Enter total of estimated payments and/or prior year credits.
C.) Enter other city credits from Worksheet A Column 5. Credit from each W-2 may not be higher than 1% (.01) of the gross wage on that W-2. Attach appropriate documentation (W-2, other city return, etc.) to receive proper credit.
D.) Add lines 9A through 9C.
- Line 10. Subtract line 9D from line 8. Payments of less than three dollars (\$3.00) of net tax due are not required to be paid, nor will refunds of less than three dollars (\$3.00) be made. If balance due is not paid by April 15, 2005 penalties and interest will be assessed (See lines 11 and 12).
- Line 11. A \$25.00 late filing penalty is assessed for returns not filed by April 15, 2005. A 1% per month penalty is also assessed for any unpaid balance after April 15, 2005.
- Line 12. A 1% per month interest charge is assessed for any unpaid balance after April 15, 2005.
- Line 13. Add lines 10 through 12. If less than three dollars (\$3.00), do not remit payment, but still file return. Make checks payable to the City of Mansfield.
- Line 14. If line 9D is greater than line 8, enter overpayment here (Amount must be \$3.00 or more).
A.) Enter amount of overpayment (line 14) you want refunded.
B.) Enter amount of overpayment (line 14) you want credited to next year.

YOU MUST SIGN RETURN

CITY OF MANSFIELD
 INCOME TAX DIVISION
 P.O. BOX 577
 MANSFIELD, OHIO 44901-0577
 TELEPHONE (419) 755-9711
 FAX (419) 755-9751

INDIVIDUAL

INCOME TAX RETURN

YEAR **2004**

FOR OFFICE USE ONLY

CASH CHECK

M.O. \$ AMT. _____

CHECK # _____

MAKE CHECKS AND MONEY ORDERS
 PAYABLE TO
 CITY OF MANSFIELD

FILE BY APRIL 15, 2005

YOU MUST FILE AN INDIVIDUAL TAX RETURN - JOINT RETURNS WILL NOT BE ACCEPTED

SOCIAL SECURITY # _____ - _____ - _____

WERE YOU A MANSFIELD RESIDENT IN 2004? YES NO

DATE MOVE INTO MANSFIELD _____

DATE MOVED OUT OF MANSFIELD _____

DID YOU FILE A CITY RETURN LAST YEAR? YES NO

IF SOCIAL SECURITY NUMBER, NAME OR ADDRESS IS INCORRECT, PLEASE MAKE CORRECTION

EXEMPTION

I AM EXEMPT BECAUSE:

- I AM RETIRED AND HAVE NO TAXABLE INCOME - DATE RETIRED _____
- I AM UNDER 18 YEARS OF AGE - BIRTH DATE _____ (VERIFICATION IS NEEDED).
- I AM AT LEAST AGE 65 AND MY TOTAL INCOME IS COMPRISED OF RENTAL INCOME TOTALING LESS THAN \$8,850.00. (VERIFICATION NEEDED)
- I HAD NO TAXABLE INCOME IN 2004

- ACTIVE MILITARY UNEMPLOYED DISABLED
- SOCIAL SECURITY PENSION

**FIGURE YOUR
TOTAL INCOME**

1. TOTAL W-2 WAGES (FROM WORKSHEET A ON BACK)	\$	
2. 2106 EXPENSES (FROM WORKSHEET A ON BACK)	\$	
3. TAXABLE WAGES (SUBTRACT LINE 2 FROM LINE 1)	\$	
4. OTHER INCOME (FROM WORKSHEET B ON BACK)	\$	
5. TOTAL INCOME (ADD LINES 3 AND 4)	\$	
6. ADJUSTMENTS (FROM WORKSHEET C ON BACK)	\$	
7. MANSFIELD TAXABLE INCOME (SUBTRACT LINE 6 FROM LINE 5)	\$	

**FIGURE YOUR
TOTAL TAX**

8. MANSFIELD INCOME TAX (MULTIPLY LINE 7 BY .0175)	\$	
9. CREDITS: A. MANSFIELD INCOME TAX WITHHELD BY EMPLOYERS	\$	
B. ESTIMATED TAX PAYMENTS AND/OR PRIOR YEAR CREDITS	\$	
C. INCOME TAXES PAID TO OTHER CITIES (SEE INSTRUCTIONS)	\$	
D. TOTAL CREDITS (ADD LINES 9A THROUGH 9C)	\$	

10. BALANCE DUE (SUBTRACT LINE 9D FROM LINE 8)	\$	
11. DELAYED FILING PENALTY \$25.00, PLUS PENALTY (1% PER MONTH, IF PAID AFTER APRIL 15)	\$	
12. INTEREST (1% PER MONTH IF PAID AFTER APRIL 15)	\$	

**OVER PAYMENT
OR CREDIT**

13. TOTAL DUE (IF LESS THAN \$3.00 - DO NOT REMIT)	\$	
14. OVERPAYMENT CLAIMED	\$	
A. AMOUNT FROM LINE 14 TO BE REFUNDED.	\$	
B. AMOUNT FROM LINE 14 TO BE CREDITED TO NEXT YEAR	\$	

pay this amount ➡

IF THIS RETURN WAS PREPARED BY A TAX PRACTITIONER, CHECK HERE IF WE MAY CONTACT HIM/HER DIRECTLY WITH QUESTIONS REGARDING THE PREPARATION OF THIS RETURN.

THE UNDERSIGNED DECLARES THAT THIS RETURN (AND ACCOMPANYING SCHEDULES) IS A TRUE, CORRECT AND COMPLETE RETURN FOR THE TAXABLE PERIOD STATED AND THAT THE FIGURES USED HEREIN ARE THE SAME AS USED FOR FEDERAL INCOME TAX PURPOSES. THE RETURN MUST BE SIGNED AND DATED.

SIGNATURE OF PREPARER, IF OTHER THAN TAXPAYER

DATE

SIGNATURE OF TAXPAYER

DATE

EMPLOYER AND ADDRESS OF PREPARER

PHONE #

PHONE #

FORM FR-1

ATTACH COPIES OF ALL W-2 FORMS, FEDERAL SCHEDULES, AND 1099'S, HERE

TAXABLE INCOME

1. Gross wages, salaries, commissions and other compensation including:
 - A. Sick and vacation pay
 - B. Third party sick pay
 - C. Income from wage-continuation plans (includes retirement incentive plans)
 - D. Stock options - taxed when exercised on the amount on the W-2 form
 - E. Cost of group term life insurance over \$50,000
 - F. Severance pay
 - G. Compensation paid in property or the use thereof at fair market value to the same extent as taxable under the Federal Internal Revenue Act and so indicated on the W-2 form.
 - H. Tips
 - I. Contributions made by or on behalf of employees to tax-deferred annuity plan
 - J. Stipends - if work required.
 - K. Third party disability pay - employer paid premiums.
 - L. Bonuses
2. Directors fees
3. Income from jury duty
4. Supplemental unemployment pay - paid by employer
5. Union steward fees
6. Strike benefits paid by company
7. Profit sharing - if from non-qualified plan
8. Moving expense reimbursement - in excess of federally allowed
9. Gambling winnings (losses not deductible)

NON-TAXABLE INCOME

- | | |
|---|---|
| 1. Active military pay including reserve pay | 12. Pension income - include lump sum distributions |
| 2. Income earned while under 18 years of age | 13. Patent and copyright income |
| 3. Alimony received/child support received | 14. Royalties - if derived from intangible property |
| 4. Capital gains | 15. Annuities - at time of distribution |
| 5. Interest | 16. Housing for clergy |
| 6. Dividends | 17. Meals and lodging required on premises |
| 7. Social Security benefits | 18. Government allotments |
| 8. Worker's Compensation | 19. Profit sharing from qualified plans |
| 9. Insurance benefits (not sick pay) | 20. Unemployment (not sub-pay) |
| 10. Prizes - unless connected with employment | 21. Income earned as poll worker |
| 11. Welfare payments | 22. Rental income received by a taxpayer age 65 or older totaling less than \$8,850 annually (Comprises taxpayers total income) |

For items not listed, contact the Income Tax Division for clarification at (419) 755-9711.

DECLARATION OF ESTIMATED TAX FOR YEAR 2005

VOUCHER # 1 - DUE APRIL 15, 2005

NAME _____ SOC. SEC. # _____
ADDRESS _____

- 1) Total income subject to tax \$ _____ (Multiply by .0175)\$ _____
- 2) Less income tax withheld by other city (Credit limited to 1%)\$ _____
- 3) Total declaration (line 1 minus line 2)\$ _____
- 4) Payment amounts (line 3 times 0.225).....\$ _____
- 5) Overpayment from previous year (if not refunded).....\$ _____
- 6) 1st payment amount (line 4 minus line 5)\$ _____

90% OF BALANCE TO BE PAID IN FOUR EQUAL INSTALLMENTS

VOUCHER # 2 - DUE JULY 31, 2005

NAME _____ SOC. SEC. # _____
ADDRESS _____

- 1) Payment enclosed\$ _____
 - 2) Check # _____
 - 3) Prior amount paid\$ _____
 - 4) Remaining Balance \$ _____
- Contact person _____ Phone # _____

**SEND PAYMENT TO: CITY OF MANSFIELD, INCOME TAX DIVISION, P.O. BOX 577.
MANSFIELD, OHIO 44901-0577 PHONE# (419) 755-9711**

VOUCHER # 3 - DUE OCTOBER 31, 2005

NAME _____ SOC. SEC. # _____
ADDRESS _____

- 1) Payment enclosed\$ _____
 - 2) Check # _____
 - 3) Prior amount paid\$ _____
 - 4) Remaining Balance \$ _____
- Contact person _____ Phone # _____

**SEND PAYMENT TO: CITY OF MANSFIELD, INCOME TAX DIVISION, P.O. BOX 577.
MANSFIELD, OHIO 44901-0577 PHONE# (419) 755-9711**

VOUCHER # 4 - DUE JANUARY 31, 2006

NAME _____ SOC. SEC. # _____
ADDRESS _____

- 1) Payment enclosed\$ _____
 - 2) Check # _____
 - 3) Prior amount paid\$ _____
 - 4) Remaining Balance \$ _____
- Contact person _____ Phone # _____

**SEND PAYMENT TO: CITY OF MANSFIELD, INCOME TAX DIVISION, P.O. BOX 577.
MANSFIELD, OHIO 44901-0577 PHONE# (419) 755-9711**