



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

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

*Address Service Requested*

**QUARTERLY**  
**2009**  
**EMPLOYER'S RETURN OF TAX WITHHELD**

**TEAR OUT REMITTANCE FORM  
BEFORE WRITING ON.**

**INSTRUCTIONS ON LAST PAGE**

**NOTE: EMPLOYEES UNDER THE  
AGE OF 18 ARE NOT SUBJECT TO  
MANSFIELD CITY INCOME TAX.**

**Forms may be downloaded from our  
website at [www.ci.mansfield.oh.us](http://www.ci.mansfield.oh.us).**

**CITY OF MANSFIELD,  
INCOME TAX DIVISION  
KELLY BLANKENSHIP, FINANCE DIRECTOR**

ANNUAL RECONCILIATION FOR THE YEAR 2009  
CITY OF MANSFIELD, INCOME TAX DIVISION  
P. O. BOX 577  
MANSFIELD, OHIO 44901  
PHONE (419) 755-9711  
FAX (419) 755-9751

FOR OFFICE USE ONLY

W-2'S \_\_\_\_\_

RECON \_\_\_\_\_

THIS RECONCILIATION MUST BE RETURNED BY FEBRUARY 28, 2010 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, 2010**

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 \_\_\_\_\_

Total tax amount paid this year \_\_\_\_\_

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 \_\_\_\_\_

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: \_\_\_\_\_

**CITY OF MANSFIELD - EMPLOYER'S RETURN OF TAX WITHHELD**

**TEAR OUT FORM BEFORE USING**

Federal Identification No.:

Quarter Ending: March 31 20 09

**PLEASE MAIL WITH REMITTANCE TO:**

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

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

- 1 # FULL & PART TIME EMPLOYEES
- 2 Total wages subject to tax
- 3 Tax withheld 1.75% x line 2
- 4 Adjustment from prior period
- 5 Late charges (4% per month + \$100)
- 6 Total due 30th of following month

FT	PT
\$	
\$	
\$	
\$	
\$	
\$	
SIGNATURE	
DATE	

FORM EWR-99

**CITY OF MANSFIELD - EMPLOYER'S RETURN OF TAX WITHHELD**

**TEAR OUT FORM BEFORE USING**

Federal Identification No.:

Quarter Ending: June 30 20 09

**PLEASE MAIL WITH REMITTANCE TO:**

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

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

- 1 # FULL & PART TIME EMPLOYEES
- 2 Total wages subject to tax
- 3 Tax withheld 1.75% x line 2
- 4 Adjustment from prior period
- 5 Late charges (4% per month + \$100)
- 6 Total due 30th of following month

FT	PT
\$	
\$	
\$	
\$	
\$	
\$	
SIGNATURE	
DATE	

FORM EWR-99

**CITY OF MANSFIELD - EMPLOYER'S RETURN OF TAX WITHHELD**

**TEAR OUT FORM BEFORE USING**

Federal Identification No.:

Quarter Ending: September 30 20 09

**PLEASE MAIL WITH REMITTANCE TO:**

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

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

- 1 # FULL & PART TIME EMPLOYEES
- 2 Total wages subject to tax
- 3 Tax withheld 1.75% x line 2
- 4 Adjustment from prior period
- 5 Late charges (4% per month + \$100)
- 6 Total due 30th of following month

FT	PT
\$	
\$	
\$	
\$	
\$	
\$	
SIGNATURE	
DATE	

FORM EWR-99

**CITY OF MANSFIELD - EMPLOYER'S RETURN OF TAX WITHHELD**

**TEAR OUT FORM BEFORE USING**

Federal Identification No.:

Quarter Ending: December 31 20 09

**PLEASE MAIL WITH REMITTANCE TO:**

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

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

- 1 # FULL & PART TIME EMPLOYEES
- 2 Total wages subject to tax
- 3 Tax withheld 1.75% x line 2
- 4 Adjustment from prior period
- 5 Late charges (4% per month + \$100)
- 6 Total due 30th of following month

FT	PT
\$	
\$	
\$	
\$	
\$	
\$	
SIGNATURE	
DATE	

FORM EWR-99

# INSTRUCTIONS

**WHO MUST FILE:** Each employer who employs within the City one or more persons on a salary, commission or other compensation basis, shall deduct at the time of the payment of such salary, wage, commission or other compensation, the tax due from said employee and shall make a return and pay to the City Finance Director the amount of taxes so deducted.

**WHEN MUST YOU FILE:** Each employer who is required to withhold City taxes as described above must file monthly and deliver or mail (postmark date will be used) completed form and payment by 10 days following the end of the month. If said employer is required to withhold for less than \$100 per month, they may file quarterly with a due date of 30 days following the end of the quarter. Failure to comply with these due dates will result in a \$100.00 late filing penalty, 1% per month interest assessment, and 3% per month penalty assessment.

**FAILURE TO FILE RETURN AND PAY TAX:** Any person who shall fail, neglect or refuse to make any return required by this ordinance; or any taxpayer who shall refuse, neglect or fail to pay the tax, penalties and interest imposed by this ordinance; or any person, firm or corporation who shall refuse to permit the City Finance Director, or any duly authorized agent or employee, to examine his books, records and papers, or who shall knowingly make any incomplete, false or fraudulent return, or who shall attempt to do anything whatever to evade the payment of the whole or any part of the tax, shall be guilty of a misdemeanor of the Third Degree.

**HOW TO PREPARE RETURN:** Make sure that the name and Federal Identification Number on each form are correct. If not please make the proper corrections. Box 1) Enter number of full time and part time employees separately as of the 15<sup>th</sup> of month. 2) Enter the total wages subject to Mansfield Tax. 3) Enter box 2 amount multiplied by 1.75% 4) Enter any adjustments from prior periods. 5) Enter any late charges you are paying on this specific period. 6) Enter total amount being paid with this return. Enter all this information on the chart below for your records.

## RECORD YOUR PAYMENTS BELOW

	LINE # 2	LINE # 3	LINE # 4	LINE # 5	LINE # 6	
	Wages	Tax	Adjustments	Late Charges	Total Paid	Check #
						Check Date
1st QUARTER						
2nd QUARTER						
3rd QUARTER						
4th QUARTER						