

**ANNUAL RECONCILIATION FOR THE YEAR 2010  
CITY OF MANSFIELD INCOME TAX DIVISION  
P.O. BOX 577  
MANSFIELD, OHIO 44901  
PHONE (419) 755-9711  
FAX (419) 755-9751**

<b>FOR TAX OFFICE USE ONLY</b>	
W-2S	_____
RECON	_____

**THIS RECONCILIATION MUST BE RETURNED BY FEBRUARY 28, 2011 WITH W-2S OR A LISTING OF W-2S  
*OR*  
IF YOU HAVE 100 OR MORE W-2S YOU *MUST* USE MAGNETIC MEDIA FOR REPORTING  
INFORMATION. YOUR TAPE AND THIS FORM ARE DUE BY FEBRUARY 28, 2011.**

QUARTER AMOUNTS PAID:

1<sup>ST</sup> QUARTER \_\_\_\_\_  
 2<sup>ND</sup> QUARTER \_\_\_\_\_  
 3<sup>RD</sup> QUARTER \_\_\_\_\_  
 4<sup>TH</sup> QUARTER \_\_\_\_\_

NUMBER OF W-2S ATTACHED \_\_\_\_\_

Total Compensation reported on W-2s \_\_\_\_\_

Total tax withheld as shown on W-2 forms \_\_\_\_\_

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

MONTHLY AMOUNTS PAID:

1<sup>ST</sup> MONTH \_\_\_\_\_  
 2<sup>ND</sup> MONTH \_\_\_\_\_  
 3<sup>RD</sup> MONTH \_\_\_\_\_  
 4<sup>TH</sup> MONTH \_\_\_\_\_  
 5<sup>TH</sup> MONTH \_\_\_\_\_  
 6<sup>TH</sup> MONTH \_\_\_\_\_  
 7<sup>TH</sup> MONTH \_\_\_\_\_  
 8<sup>TH</sup> MONTH \_\_\_\_\_  
 9<sup>TH</sup> MONTH \_\_\_\_\_  
 10<sup>TH</sup> MONTH \_\_\_\_\_  
 11<sup>TH</sup> MONTH \_\_\_\_\_  
 12<sup>TH</sup> 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 1099S 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**

FEDERAL IDENTIFICATION NO: \_\_\_\_\_

Month Ending \_\_\_\_\_ 20 \_\_\_\_\_  
 PLEASE MAIL WITH REMITTANCE TO:  
 City of Mansfield – Income Tax Division – P.O. Box 577 – Mansfield, Ohio 44901  
 (419) 755-9711

LIST YOUR NAME ADDRESS

FULL & PART TIME EMPLOYEES	FT	PT
Total wages subject to tax	\$	
Tax Withheld 1.75% x line 2	\$	
Adjustment from prior period Please attach explanation	\$	
Late charges (4% per month + \$100)	\$	
<b>Total due 10<sup>th</sup> of following month</b>	<b>\$</b>	
SIGNATURE	DATE	

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## 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 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** 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. An individual can be fined up to \$500 and up to 60 days in jail. A corporation can be fined up to \$3000.

**HOW TO PREPARE RETURN:** Make sure 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 the month. Box 2) Enter the total wages subject to Mansfield Tax. Box 3) Enter box 2 amount multiplied by 1.75%. Box 4) Enter any adjustments from prior periods. Box 5) Enter any late charges you are paying on this specific period. Box 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
JANUARY							
FEBRUARY							
MARCH							
APRIL							
MAY							
JUNE							
JULY							
AUGUST							
SEPTEMBER							
OCTOBER							
NOVEMBER							
DECEMBER							