



Annual Reconciliation of Withholding Taxes for 2018

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

Employer Name & Address

Federal EIN:

Please also submit 1099 forms issued for compensation related to work performed in the City of Mansfield

This reconciliation is due **February 28th, 2019** with all employee W-2 forms attached
LATE FILING OF THIS RETURN IS SUBJECT TO \$25.00/MONTH PENALTY, UP TO \$150.00
 If 100 or more W-2s you **MUST** use Digital Storage Media for reporting

| | Withholding Payments remitted for the month of | Number of W-2s enclosed | |
|----------------|---|--|-------|
| January | _____ | | _____ |
| February | _____ | Total other city compensation paid | _____ |
| March | _____ | | |
| | Qtr 1 _____ | | |
| April | _____ | Total other city tax withheld | _____ |
| May | _____ | | |
| June | _____ | Total Mansfield compensation paid | _____ |
| | Qtr 2 _____ | | |
| July | _____ | | |
| August | _____ | Total Mansfield tax withheld | _____ |
| September | _____ | | |
| | Qtr 3 _____ | | |
| October | _____ | Total Mansfield tax paid | _____ |
| November | _____ | | |
| December | _____ | Mansfield underpaid (enclosed) | _____ |
| | Qtr 4 _____ | | |
| | | Mansfield Overpayment | _____ |
| Total Remitted | _____ | Refund _____ Credit to next period _____ | |

I certify this reconciliation to be true and correct.

Authorized Signature _____

Printed Name _____

Title _____ Phone Number _____

Contact email address _____