

# MONTHLY WITHHOLDING FORM

## USE THIS FORM IF YOU HAVE 10 OR MORE EMPLOYEES

TY 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

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**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 10<sup>th</sup> of following month**

FT	PT

SIGNATURE	DATE

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