

ANNUAL RECONCILIATION FOR THE YEAR 2002
 CITY OF MANSFIELD, INCOME TAX DIVISION
 P.O. BOX 577
 MANSFIELD, OH 44901
 PHONE (419) 755-9711
 FAX (419) 755-9751

FOR OFFICE USE ONLY	
W-2'S	_____
RECON	_____

<p>THIS RECONCILIATION MUST BE RETURNED BY JANUARY 31ST, 2003 WITH W-2'S OR A LISTING OF W-2'S <u>OR</u> IF YOU HAVE 100 OR MORE W-2'S YOU <u>MUST</u> USE MAGNETIC MEDIA FOR REPORTING INFORMATION. YOUR TAPE AND THIS FORM ARE DUE BY FEBRUARY 28TH, 2003.</p>

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 _____

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 _____

Total tax amount
 Paid this year _____

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: _____	