

ANNUAL RECONCILIATION FOR THE YEAR 2004  
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, 2005 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, 2005**

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.:

Month Ending: January 31 20 04



**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*

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

**TEAR OUT FORM BEFORE USING**

Federal Identification No.:

Month Ending: February 28 20 04



**PLEASE MAIL WITH REMITTANCE TO:**

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

**TEAR OUT FORM BEFORE USING**

Federal Identification No.:

Month Ending: March 31 20 04



**PLEASE MAIL WITH REMITTANCE TO:**

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

**TEAR OUT FORM BEFORE USING**

Federal Identification No.:

Month Ending: April 30 20 04



**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

FT	PT
----	----

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 + \$25)

\$
----

6 Total due 10th of following month

\$
----

SIGNATURE

DATE

FORM EWR-99

1 # FULL & PART TIME EMPLOYEES

FT	PT
----	----

2 Total wages subject to tax

\$
----

3 Tax withheld 1.75% x line 2

\$
----

4 Adjustment from prior period

\$
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5 Late charges (4% per month + \$25)

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6 Total due 10th of following month

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FORM EWR-99

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

**TEAR OUT FORM BEFORE USING**

Federal Identification No.:

Month Ending: May 31 20 04



**PLEASE MAIL WITH REMITTANCE TO:**

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

**TEAR OUT FORM BEFORE USING**

Federal Identification No.:

Month Ending: June 30 20 04



**PLEASE MAIL WITH REMITTANCE TO:**

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

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

**TEAR OUT FORM BEFORE USING**

Federal Identification No.:

Month Ending: July 31 20 04



**PLEASE MAIL WITH REMITTANCE TO:**

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

**TEAR OUT FORM BEFORE USING**

Federal Identification No.:

Month Ending: August 31 20 04



**PLEASE MAIL WITH REMITTANCE TO:**

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

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FORM EWR-99

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

**TEAR OUT FORM BEFORE USING**

Federal Identification No.:

Month Ending: September 30 20 04



**PLEASE MAIL WITH REMITTANCE TO:**

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

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

**TEAR OUT FORM BEFORE USING**

Federal Identification No.:

Month Ending: October 31 20 04



**PLEASE MAIL WITH REMITTANCE TO:**

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(419) 755-9711

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

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

**TEAR OUT FORM BEFORE USING**

Federal Identification No.:

Month Ending: November 30 20 04



**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*

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

**TEAR OUT FORM BEFORE USING**

Federal Identification No.:

Month Ending: December 31 20 04



**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*

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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, for 10 or more people 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 10 people, they may file quarterly with a due date of 30 days following the end of the quarter. If these due dates are not complied with a late filing fee of \$25.00, interest of 1% per month and 3% per month penalty being assessed.

**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
JANUARY							
FEBRUARY							
MARCH							
APRIL							
MAY							
JUNE							
JULY							
AUGUST							
SEPTEMBER							
OCTOBER							
NOVEMBER							
DECEMBER							