



REGIONAL INCOME TAX AGENCY EMPLOYER'S MUNICIPAL TAX WITHHOLDING STATEMENT

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FORM 11

SECTION A



11LF05A

FOR THE PERIOD

Month/year boxes for period start and end

DUE ON OR BEFORE date box

FED. ID # box

NAME: box

ADDRESS #: SUITE: boxes

STREET NAME: box

CITY: box

STATE: ZIP: boxes

1. TOTAL WAGES SUBJECT TO WORKPLACE TAX
2. TOTAL AMOUNT OF WORKPLACE TAX WITHHELD
3. TOTAL AMOUNT OF RESIDENCE TAX WITHHELD
4. TOTAL AMOUNT DUE AND PAID

MAKE CHECK PAYABLE TO: R.I.T.A.

I HAVE EXAMINED THIS RETURN, AND TO THE BEST OF MY KNOWLEDGE IT IS CORRECT.

SIGNATURE box

TITLE DATE boxes

PHONE NUMBER box

SECTION B SECTION B MUST BE COMPLETED. SECTION A MUST EQUAL SECTION B. NEGATIVE AMOUNTS ARE NOT ACCEPTABLE.

CHECK HERE IF YOU HAVE ANY CHANGES TO YOUR MUNICIPALITY (IES) OF DISTRIBUTION AND COMPLETE SECTION B ON THIS FORM.

Table with 5 columns: MUNICIPALITY, WORKPLACE WAGES, WORKPLACE TAX RATE, WORKPLACE TAX WITHHELD, RESIDENCE TAX WITHHELD. Multiple rows for data entry.

