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REGIONAL INCOME TAX AGENCY EMPLOYER'S MUNICIPAL TAX WITHHOLDING STATEMENT

FORM 11

SECTION A

FOR THE PERIOD

Grid for reporting period start and end dates.

TO

Grid for reporting period end date.

DUE ON OR BEFORE

Grid for due date.

FED. ID #:

Grid for federal ID number.

NAME:

Grid for name.

ADDRESS #:

Grid for address number.

SUITE:

Grid for suite number.

STREET NAME:

Grid for street name.

CITY:

Grid for city.

STATE:

Grid for state and ZIP code.

ZIP:

1. TOTAL WAGES SUBJECT TO WORKPLACE TAX \$ [Grid]

2. TOTAL AMOUNT OF WORKPLACE TAX WITHHELD \$ [Grid]

3. TOTAL AMOUNT OF RESIDENCE TAX WITHHELD \$ [Grid]

4. TOTAL AMOUNT DUE AND PAID \$ [Grid]

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

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

SIGNATURE [Grid]

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

PHONE NUMBER [Grid]

SECTION B

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

Check box for changes to distribution.

CHECK HERE IF YOU HAVE ANY CHANGES TO YOUR DISTRIBUTION AND COMPLETE SECTION B ON THIS FORM.

MUNICIPALITY

WORKPLACE WAGES

WORKPLACE TAX RATE

WORKPLACE TAX WITHHELD

RESIDENCE TAX WITHHELD

Table with 5 columns: Municipality, Workplace Wages, Workplace Tax Rate, Workplace Tax Withheld, and Residence Tax Withheld. Each row contains grids for data entry.

