



www.ritaohio.com

REGIONAL INCOME TAX AGENCY EMPLOYER'S MUNICIPAL TAX WITHHOLDING STATEMENT

FORM 11

SECTION A

FOR THE PERIOD

Month/year boxes for period start and end

TO

Month/year boxes for due on or before

FED. ID # boxes

NAME boxes

ADDRESS # and SUITE boxes

STREET NAME boxes

CITY boxes

STATE and 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

PRINT NAME line

TITLE and DATE lines

PHONE NUMBER boxes

SECTION B

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

Check box

CHECK HERE IF YOU HAVE ANY CHANGES TO YOUR 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.

