



REGIONAL INCOME TAX AGENCY

Amended Employer's Municipal Tax Withholding Statement

1. Name: _____ Fed. ID#: _____

Address: _____ Street: _____

City: _____ State: _____ Zip: _____

2. Originally Filed

For the period / / to / /
MM DD YYYY MM DD YYYY

Municipality	Workplace Wages	Workplace Tax Withheld	Residence Tax Withheld	Total Tax Withheld
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
Totals	\$ _____	\$ _____	\$ _____	\$ _____

3. Amending To

For the period / / to / /
MM DD YYYY MM DD YYYY

Municipality	Workplace Wages	Workplace Tax Withheld	Residence Tax Withheld	Total Tax Withheld
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
Totals	\$ _____	\$ _____	\$ _____	\$ _____

4. Balance Due \$ _____

5. Overpayment \$ _____

Refund

Credit (Must distribute in Section 7)

6. Reason for Amending (Must Be Provided)

7. Distribution of Overpayment (From Section 5)

Municipality	Amount	Distribute Credit to Tax Period
_____	\$ _____	____/____/____ MM DD YYYY
_____	\$ _____	____/____/____ MM DD YYYY
_____	\$ _____	____/____/____ MM DD YYYY
_____	\$ _____	____/____/____ MM DD YYYY
_____	\$ _____	____/____/____ MM DD YYYY
_____	\$ _____	____/____/____ MM DD YYYY
_____	\$ _____	____/____/____ MM DD YYYY

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

Name: _____ Title: _____

Date: _____ Phone: _____ - _____ - _____

Remit to: REGIONAL INCOME TAX AGENCY -- P.O. BOX 477900 CLEVELAND, OH 44147-7900

INSTRUCTIONS FOR FORM 11A

AMENDED EMPLOYER'S MUNICIPAL TAX WITHHOLDING STATEMENT

Form 11A is used to amend a previously filed Form 11. A separate form **MUST** be filed for each period and municipality(ies) that need amended. If your Form 11 filing frequency is semi-monthly or monthly, file Form 11A on a monthly basis. If your Form 11 filing frequency is quarterly, file Form 11A on a quarterly basis. If assistance is needed, please call: Cleveland Toll Free: (800) 860-RITA (7482), Columbus Toll Free: (866) 721-RITA (7482), Youngstown Toll Free: (866) 750-RITA (7482), or TDD: (440) 526-5332.

1. Print the company's name, Fed. ID #, and address.

2. Enter the from/to dates, the original municipality distribution(s), any workplace wages, workplace tax withheld, and residence tax withheld; then total. Do NOT report wages for any residence tax withheld.

3. Enter the from/to dates, the amended municipality distribution(s), any workplace wages, workplace tax withheld, and residence tax withheld; then total. Do NOT report wages for any residence tax withheld.

4. If the amended total is greater than the original total, enter the balance due. The balance due **MUST** be remitted with this form. (NOTE: The balance due may be subject to penalty and interest per municipal tax ordinance.)

5. If the amended total is less than the original total, enter the overpayment. Check either credit or refund. If crediting an overpayment, you **MUST** provide the proper distribution on Pg. 2, Section 7. An overpayment may be credited to any period in the current tax year or to a prior year's outstanding tax liability. (NOTE: Overpayments cannot be credited forward to the next tax year and **MUST** be refunded.)

6. Provide a detailed reason/explanation for filing this Form 11A.

7. If applicable, enter the distribution of overpayment from Pg. 1, Section 5.

8. Finally, sign, date, and enter a phone number if any questions should arise.