

2008

REGIONAL INCOME TAX AGENCY

INDIVIDUAL INCOME TAX RETURN

P.O. Box 6600 Cleveland, Ohio 44101-2004

FORM 37

CONTACT US: CLEVELAND LOCAL: (440) 526-0900
TOLL FREE: (800) 860-7482
COLUMBUS TOLL FREE: (866) 721-7482
YOUNGSTOWN TOLL FREE: (866) 750-7482
TDD: (440) 526-5332
OBTAIN FORMS AT WWW.RITAOHIO.COM

IF THIS IS AN AMENDED RETURN, CHECK THIS BOX AND INDICATE TAX YEAR TO BE AMENDED
TAX YEAR

Social Security Number
Spouse's Social Security Number

INDICATE YOUR FILING STATUS BELOW: Single Joint Refund Credit
IF YOU HAVE OVERPAID, INDICATE YOUR CHOICE:

First Name M.I. Last Name
Spouse's First Name M.I. Last Name
Address Number Street Name Apt. #
City State Zip Code
Daytime Phone Number Evening Phone Number

IF YOU MOVED SINCE JANUARY 1, 2008, CHECK THIS BOX AND INDICATE YOUR CHANGE OF ADDRESS BELOW

DATE OF MOVE
Month Day Year

CURRENT ADDRESS
Address Number Street Name Apt. #
City State Zip Code

PRIOR ADDRESS
Address Number Street Name Apt. #
City State Zip Code

SECTION A

List all W-2 wages earned in 2008 and the amount of Local/City Tax withheld by your Employer(s). Indicate in Column 4 the municipality in which you or your spouse worked even if it is different than what is shown on your W-2 form.

Table with 6 columns: COLUMN 1 WAGES, COLUMN 2 LOCAL/CITY TAX WITHHELD FOR WORKPLACE MUNICIPALITY, COLUMN 3 LOCAL/CITY TAX WITHHELD FOR RESIDENT MUNICIPALITY, COLUMN 4 MUNICIPALITY WHERE WAGES WERE EARNED, COLUMN 5 MUNICIPALITY WHERE YOU LIVED WHEN WAGES WERE EARNED, COLUMN 6 DATES WAGES WERE EARNED. Includes a vertical label 'ATTACH CHECK OR MONEY ORDER HERE'.

Total wages above from rows 1-6 and enter result in Section B, Line 1a.
Total workplace withholding above from rows 1-6, and enter result in Section B, Line 4a.
Total resident city withholding above from rows 1-6, and enter result in Section B, Line 7a.

SIGNATURE DATE PREPARER'S SIGNATURE (OTHER THAN TAXPAYER) DATE
SPOUSE'S SIGNATURE DATE ADDRESS ID NUMBER

May R.I.T.A. discuss this return with the preparer shown above? Yes No

THE ABOVE SIGNED DECLARES THAT THIS RETURN IS TRUE, CORRECT AND COMPLETE FOR THE TAX YEAR 2008

Section B

1. a. Total W-2 Wages (From Section A, Column 1) 1a. _____
 b. Total Schedule J Income (From Line 31)....(Cannot be less than zero)..... 1b. _____
 2. Total of all Taxable Income (Add lines 1a and 1b) 2. _____
 3. Multiply Line 2 by Tax Rate of residence municipality 3. _____
 4. a. Tax withheld for all cities other than your residence municipality 4a. _____
 b. Direct Payments (From Schedule K, line 35) 4b. _____
 5. a. Add lines 4a and 4b 5a. _____
 b. Complete Worksheet 2 – Enter total on line 5b
 Credit Limit for your residence municipality..... (SEE INSTRUCTIONS) 5b. _____
 c. Enter the amount From Line 5a or 5b whichever is less 5c. _____
 6. Multiply Line 5c by Tax Credit of residence municipality 6. _____
 7. a. Tax withheld for your residence municipality (SEE INSTRUCTIONS) 7a. _____
 b. Tax paid by your Partnership/S Corporation to any RITA MUNICIPALITY 7b. _____
 8. Total credits allowable. (Add Lines 6, 7a and 7b) 8. _____
 9. Subtract Line 8 from Line 3 9. _____
 10. Tax on non withheld wages (from Schedule K, Line 32)) 10. _____
 11. Tax on Schedule J Income (from Schedule K, Line 36) 11. _____
- Skip Lines 10 & 11 unless
 Schedule K was used
12. TOTAL TAX DUE RITA (Add lines 9, 10, and 11. Cannot be less than zero.) TOTAL DUE ► 12. _____
 13. 2008 Estimated Tax payments made to RITA 13. _____
 14. Credit carried forward from 2007 14. _____
 15. TOTAL CREDITS (add Lines 13 and 14) 15. _____
 16. If line 15 is LESS than Line 12, enter the difference, which is the 2008 balance due BALANCE DUE ► 16. _____
 If you owe less than \$1.00 (For Ashville, Fairborn, Milford, Oxford, Ripley and Twinsburg
 \$5.00; Bellevue \$3.00; Macedonia \$2.00), you do not have to pay this amount
 17. If Line 15 is GREATER than Line 12, enter the OVERPAYMENT 17. _____
- NOTE: YOUR OVERPAYMENT MAY NOT BE SPLIT BETWEEN CREDIT & REFUND**
- REFUNDS OF TAXES WITHHELD FROM YOUR WAGES AS SHOWN
 ON YOUR W-2 FORM(S) MUST BE APPLIED FOR ON AN
 APPLICATION FOR MUNICIPAL TAX REFUND, FORM 10A.
18. Amount to be CREDITED 18. _____
 19. Amount to be REFUNDED 19. _____
 - 20a. Enter 2009 Estimated Tax in Full (see instructions) ESTIMATE ► 20a. _____
NOTE: If LINE 20a IS LEFT BLANK, RITA WILL CALCULATE AN ESTIMATE FOR YOU.
 - 20b. Enter full estimate (line 20a) or first quarter 2009 estimate (1/4 of Line 20a) 20b. _____
 21. Subtract line 18 from Line 20b 21. _____
 22. TOTAL DUE by April 15, 2009 Add Lines 16 and 21 22. _____

ATTACH LOCALITY COPY OF W-2 FORMS HERE

Pay in full - Make check or money order payable to R.I.T.A. and mail to the following address -

R.I.T.A.
 P.O. Box 6600
 Cleveland, Ohio 44101-2004

COPIES OF ALL APPROPRIATE FEDERAL SCHEDULES ARE REQUIRED IF COMPLETING SCHEDULE J.

SCHEDULE J	SUMMARY OF NON W-2 INCOME (Enter Municipality Where Earned)					
Print the name of each municipality where a profit/ (loss) was earned in the appropriate box(es)	COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6 ADD COLUMNS 1, 2, 3, 4 and 5
	RESIDENCE MUNICIPALITY	NONTAXING MUNICIPALITY	RITA MUNICIPALITY OF	RITA MUNICIPALITY OF	TAXED BY A NON-RITA MUNICIPALITY	
	11	12	13	14	15	
From Federal 23. SCHEDULE C Attached	21	22	23	24	25	
From Federal 24. SCHEDULE E Attached	31	32	33	34	35	
All Other Taxable Income 25. (or loss). Attach Schedule(s)	41	42	43	44	45	
TOTAL NON-WAGE INCOME 26. (Add Lines 23, 24, 25)						
LESS LOSS CARRY FORWARD 27.	51 ()	52 ()	53 ()	54 ()	55 ()	
WORKPLACE INCOME 28. (Line 26 minus Line 27)	61	62				
WORKPLACE INCOME 29. (Line 26 minus Line 27)			63	64	65	
MUNICIPAL TAX DUE 30. (NOTE: Line 30 cannot be less than zero.)						Column 6, Line 28 or Line 29 cannot be less than zero. If amount is less than zero, use zero.
TOTAL of Column 6, place the total in Section B, Line 1b.						31.

NOTE: If any columns on Line 29 have entries complete Schedule K, Line 34.

SCHEDULE K To complete Schedule K, see page 6 of the instructions. If additional space is needed, use separate sheet.

32. W-2 WAGES EARNED IN A RITA MUNICIPALITY OTHER THAN YOUR RESIDENCE MUNICIPALITY FROM WHICH NO MUNICIPAL INCOME TAX WAS WITHHELD BY EMPLOYER. Complete Lines below.

Wages	Municipality	Tax Rate (see instructions)	Tax due

Copy total tax due onto Line 32 and in Section B, Line 10.

32. _____

33. W-2 WAGES EARNED IN A NON-RITA TAXING MUNICIPALITY AND FROM WHICH NO MUNICIPAL INCOME TAX WAS WITHHELD BY EMPLOYER. (ONLY USE THIS SECTION IF YOU HAVE FILED AND PAID THE TAX DUE TO YOUR WORKPLACE MUNICIPALITY. PROOF OF PAYMENT MAY BE REQUIRED) Complete Lines Below.

Wages	Municipality	Tax Rate (see instructions)	Tax due

Copy total tax due onto Line 33

33. _____

34. TAX DUE TO OTHER THAN RESIDENCE MUNICIPALITY ON NON W-2 INCOME REPORTED IN SCHEDULE J, LINE 29, COLUMNS 3, 4, AND 5. Complete Lines below.

Workplace Income (Line 29, Columns 3, 4, & 5)	Municipality	Tax Rate (see instructions)	Tax due

Copy total tax due onto Line 34

34. _____

35. TOTAL LINES 32, 33 AND 34. Enter total on Line 35 and in Section B, Line 4b.

35. _____

36. FROM SCHEDULE J ABOVE, ADD LINE 30 COLUMNS 3 AND 4. Enter total on Line 36 and in Section B, Line 11.

36. _____