

FORM 17

REGIONAL INCOME TAX AGENCY Reconciliation of Income Tax Withheld and W-2 Transmittal

① Tax Year:

③ Total number of W-2's enclosed:

Due on or before the last day of February of the following year.

Total number of 1099's enclosed:

Fed. ID #:

Total number of employees working in a R.I.T.A. member municipality(ies) at year end:

Name:

IF THIS IS AN AMENDED RETURN CHECK HERE

Address #: Suite:

OUT OF BUSINESS

Street Name:

City:

MOVED OUT OF R.I.T.A.

State: Zip:

Period	② Workplace Wages	Workplace Tax Withheld	Residence Tax Withheld
January	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
February	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
March	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
April	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
May	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
June	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
July	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
August	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
September	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
October	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
November	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
December	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Total	④ \$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Totals must be distributed by municipality on Page 2 in Section 5.

(If additional space is needed, attach a separate schedule)

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Municipality Number of employees at year end

Workplace Wages Workplace Tax Rate % Workplace Tax Residence Tax

Municipality Number of employees at year end

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Workplace Wages Workplace Tax Rate % Workplace Tax Residence Tax

6 TOTAL: Must equal totals on Page 1 from Section 4.

Total Workplace Wages Total Workplace Tax Total Residence Tax 7 Total number of employees at year end

I have examined this return, and to the best of my knowledge it is correct.

8 Signature _____ Title _____ Date _____

Print Name _____

Phone:

Remit to: REGIONAL INCOME TAX AGENCY - P.O. BOX 477900
 BROADVIEW HEIGHTS, OHIO 44147-7900