

**FORM  
10A**

**REGIONAL INCOME TAX AGENCY**  
Application For Municipal Income Tax Refund

Social Security Number  
— —

Tax Year of Claim

First Name	MI	Last Name
Address Number	Street Name	Apt #
City	State	Zip Code
Daytime Phone Number — —	Evening Phone Number — —	

1. Employer Name \_\_\_\_\_

2. RITA Municipality of Employment \_\_\_\_\_

3. Amount of Income Exempt from Tax (Check Appropriate Box Below) \$ \_\_\_\_\_

4. Amount of Gross Refund Claimed ..... \$ \_\_\_\_\_

5. Amount You Want Credited to Your Individual Account ..... \$ \_\_\_\_\_

Social Security Number — —

6. Net Amount to be Refunded (Subtract Line 5 from Line 4) ..... \$ \_\_\_\_\_

CHECK BLOCK BELOW TO INDICATE REASON FOR CLAIM AND ATTACH ALL REQUIRED DOCUMENTATION  
(see instructions on Page 3)

1.  Under 18 years of age – D.O.B. — — *ATTACH W-2 FORM AND PROOF OF BIRTHDATE.*  
MM DD YY

2.  Unreimbursed business expenses. ATTACH COPY OF W-2 FORM AND 2106 EXPENSE.

3.  Other (Indicate Reason): \_\_\_\_\_

EMPLOYER'S CERTIFICATION/COMPUTATION must be signed by the employee's supervisor or other responsible representative of the employer who has knowledge that the information given is true and correct.

I / We verify that during the year \_\_\_\_\_ I / We withheld municipal income tax for the Municipality of \_\_\_\_\_ from the above named employee in excess of his liability for the tax based on the following computations:

A. From W-2 form, total wages \$ \_\_\_\_\_ on which \_\_\_\_\_ (Municipality)

tax withheld was ..... \$ \_\_\_\_\_

Work performed in city of \_\_\_\_\_ (Municipality) subject to tax

Taxable income \$ \_\_\_\_\_ x \_\_\_\_\_ (Tax Rate) ..... \$ \_\_\_\_\_

Amount of overpayment ..... \$ \_\_\_\_\_

B. Basis for refund

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. According to our records, this employee's address for the period covered by the claim was

\_\_\_\_\_

The undersigned employer representative states that the above employee was employed during the period \_\_\_\_\_ Month, \_\_\_\_\_ Year, thru \_\_\_\_\_ Month, \_\_\_\_\_ Year; that the employer representative has examined this claim for refund including accompanying schedules and statements and can attest that the information contained hereon is true and accurate.

I/We verify that no portion of said tax has been or will be refunded directly to the employee and that no adjustments to my/our withholding account with the Municipality of \_\_\_\_\_ have been or will be made for said tax.

SIGNED

Name Title Phone Number Date

Print Name Title

I certify that the facts and allegations contained on this form and on any accompanying schedules are true. I understand that this information may be released to the tax administration of the municipality of residence and the I.R.S.

TAXPAYER'S SIGNATURE

Name Daytime Phone Number Evening Phone Number Date

## GENERAL INSTRUCTIONS

Attach all required information to insure that your refund will be processed as quickly as possible. Always use the exact municipality of residence and employment. If this refund changes your RITA residence tax, an amended return must be filed before the refund will be issued. If you have a balance due for a prior year(s), the refund will be applied to that balance due before issuance. Only taxes paid to a RITA municipality can be refunded by RITA. Separate requests are required if more than one employer or more than one RITA municipality is involved.

If you have any questions, contact our office at:

Cleveland: 440-526-0900

Columbus: 614-538-0512

Youngstown: 330-743-3400

Toll Free: 800-860-7482

TDD Only: 440-526-5332

Obtain forms at [www.ritaohio.com](http://www.ritaohio.com)

MAIL YOUR REQUEST FOR REFUND TO:

REGIONAL INCOME TAX AGENCY

P.O. Box 477900

Broadview Hts., Ohio 44147-7900

### REASONS FOR CLAIM/REQUIRED DOCUMENTATION

1. TAX WITHHELD ON INCOME EARNED WHILE UNDER 18 YEARS OF AGE - attach W-2 form and a COPY of a birth certificate or drivers license. If you were under 18 years of age for part of the year, you must also have your employer complete the EMPLOYER CERTIFICATION ON PAGE 2.

NOTE: THE UNDER 18 YEARS OF AGE CLAIM FOR REFUND DOES NOT APPLY TO CAMPBELL, CEDARVILLE, FREMONT, GIRARD, LOCKLAND, POWHATAN POINT, RIVERSIDE, SAINT PARIS, TONTOGANY, WINTERSVILLE AND YOUNGSTOWN; FOR MILFORD CENTER THE LIMIT IS UNDER 19 YEARS OF AGE FOR STUDENTS; FOR ARLINGTON HTS., AVON LAKE, JEWETT, AND SHEFFIELD LAKE THE LIMIT IS UNDER 16 YEARS OF AGE; FOR YELLOW SPRING THE LIMIT IS 16 YEARS OF AGE AND 18 YEARS OF AGE OR UNDER FOR NEWSPAPER CARRIERS; AND FOR OTTAWA, STUDENTS 18 YEARS OF AGE AND UNDER AND EARNING LESS THAN \$600.00/YR: FOR WESTON THE LIMIT IS UNDER 17 YEARS OF AGE.

2. UNREIMBURSED BUSINESS EXPENSES - Attach W-2 form, Federal Form 2106 and Schedule A, and any other supporting documentation. Federal Form 2106 Business Expenses and 3903 Moving Expenses are not allowed for FREMONT, OBERLIN, OLMSTED FALLS and SHAWNEE HILLS; and, 3903 expenses are not allowed for REYNOLDSBURG. For BAY VILLAGE, 2106 expenses are limited to the amount deductible for federal tax purposes and 3903 expenses are not allowed. For GALENA and SUNBURY, Schedule A deductions are not allowed and moving expense reimbursements are taxable. For GRAFTON, MACEDONIA, MAINEVILLE, MECHANICSBURG, MILFORD and TWINSBURG. 2106 expenses are limited to the amount deductible for federal tax purposes.
3. OTHER - State reason and attach W-2 Form and all supporting documentation.

### EMPLOYER CERTIFICATION/COMPUTATION (To be completed by employer)

Employer, Certification/Computation is required for, but not limited to the following reasons: Under eighteen (18) years of age for part of the year; Employer withheld municipal tax for the wrong municipality; and, Employee worked a portion of the time outside of the municipality for which the tax was withheld.

### CALCULATIONS FOR DAYS WORKED OUT OF R.I.T.A.

A)	TOTAL DAYS AVAILABLE	260
B)	LESS: VACATION, SICK AND HOLIDAYS	-----
C)	TOTAL AVAILABLE WORKING DAYS	-----
D)	LESS: DAYS WORKED OUT OF TOWN (log of days worked out; destination and reason for travel must be included) see days out worksheet, page 4	-----
E)	DAYS WORKED IN MUNICIPALITY	-----

COMPUTATION: LINE (E) ÷ LINE (C) X TOTAL INCOME = TAXABLE INCOME

_____	÷	_____	X	_____	=	_____
LINE (E)		LINE (C)		TOTAL INCOME		TAXABLE INCOME

# **DAYS OUT WORKSHEET**

List the name of municipalities / locations and the number of days “worked” out of your normal workplace.  
(Your own worksheet is acceptable. Use additional paper if necessary.)

**TAX YEAR** \_\_\_\_\_

**WORK  
LOCATION**

**NO.  
DAYS**

**WORK  
LOCATION**

**NO.  
DAYS**

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_
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