

**FORM
10A**

REGIONAL INCOME TAX AGENCY

Application For Municipal Income Tax Refund

P.O. Box 477900
Broadview Heights, Ohio 44147

Cleveland Local: (440) 526-0900
Toll Free: (800) 860-7482

Youngstown Toll Free: (866) 750-7482
Columbus Toll Free: (866) 721-7482

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 SUCH AS W-2 FORMS, BIRTH CERTIFICATES, FEDERAL FORM 2106, ECT. FAILURE TO ATTACH THE REQUIRED DOCUMENT(S) MAY RESULT IN A DELAY OF ISSUING THE REQUESTED REFUND.
(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. Failure to attach the required document(s) may result in a delay of issuing the requested refund. 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 R.I.T.A. municipality can be refunded by R.I.T.A. Separate requests are required if more than one employer or more than one R.I.T.A. municipality is involved.

If you have any questions, contact our office at:

Mail your request for refund to:

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

Regional Income Tax Agency
 P.O. Box 477900
 Broadview Heights, Ohio 44147-7900

REASONS FOR CLAIM / REQUIRED DOCUMENTATION:

1. **TAX WITHHELD ON INCOME EARNED WHILE UNDER 18 YEARS OF AGE** – Attach your W-2 form and a copy of a Birth Certificate or Drivers License. **NOTE:** If you were under 18 years of age for only part of the year, you must have your employer complete the EMPLOYER CERTIFICATION on page 2 or attach a copy of your pay stub. If you are a R.I.T.A. resident and you turned 18 years of age during the year, you will need to file an annual return with the municipality that you lived in. See the Special Notes at www.ritaohio.com for a list of municipalities that have exceptions to the 18 years of age exemption.
2. **UNREIMBURSED BUSINESS EXPENSES** – Attach W-2 form, Federal form 2106 and Schedule A and any other supporting documentation. See the Special Notes at www.ritaohio.com for a list of municipalities that have exceptions regarding Business and Moving Expenses.
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 18 years of age for only part of the year; Employer withheld municipal tax for the wrong municipality; and Employee worked a portion of their time outside of the municipality for which the tax was withheld.

CALCULATION FOR DAYS WORKED OUT OF R.I.T.A

A).	TOTAL DAYS AVAILABLE	260
B).	LESS VACATION, SICK AND HOLIDAYS	_____
C).	TOTAL AVAILABLE DAYS	_____
D).	LESS DAYS WORKED OUT OF TOWN	_____
	NOTE: Must be full days out of town, a maximum of 5 days per week times 52 weeks. A log of days worked out, destination and reason for travel must be included. See Days Out Worksheet on page 4.	
E).	DAYS WORKED IN MUNICIPALITY	_____

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

$$\frac{\text{LINE (E)}}{\text{LINE (C)}} \times \text{TOTAL INCOME} = \text{TAXABLE INCOME}$$

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. _____	_____	27. _____	_____
2. _____	_____	28. _____	_____
3. _____	_____	29. _____	_____
4. _____	_____	30. _____	_____
5. _____	_____	31. _____	_____
6. _____	_____	32. _____	_____
7. _____	_____	33. _____	_____
8. _____	_____	34. _____	_____
9. _____	_____	35. _____	_____
10. _____	_____	36. _____	_____
11. _____	_____	37. _____	_____
12. _____	_____	38. _____	_____
13. _____	_____	39. _____	_____
14. _____	_____	40. _____	_____
15. _____	_____	41. _____	_____
16. _____	_____	42. _____	_____
17. _____	_____	43. _____	_____
18. _____	_____	44. _____	_____
19. _____	_____	45. _____	_____
20. _____	_____	46. _____	_____
21. _____	_____	47. _____	_____
22. _____	_____	48. _____	_____
23. _____	_____	49. _____	_____
24. _____	_____	50. _____	_____
25. _____	_____	51. _____	_____
26. _____	_____	52. _____	_____