FOF 17		REGIONAL Reconciliation of Inco				E-FILE REGIONAL INCOME TAX AGENCY www.ritaohio.com
1 Tax	Year:			3	Total number of W-2's enc	losed:
Due on or b	efore th	e last day of February of the following	g year.	Total n	umber of 1099's enclosed:	
Fed. ID #:				Total n R.I.T.A	umber of employees workin . member municipality(ies)	ng in a at year end:
Name:						IF THIS IS AN AMENDED RETURN CHECK HERE
Address #:			Suite:			OUT OF BUSINESS
Street Name	e:					
City:						MOVED OUT OF R.I.T.A.
State:		Zip Code:				
Period (2	Workplace Wages		Workplace	Tax Withheld	Residence Tax Withheld
January			\$			\$
February		6	\$			\$
March	\$		\$			\$
April	\$		\$			\$
Мау	\$		\$			\$
June	\$		\$			\$
July	\$		\$			\$
August			\$			\$
September			\$			\$
October			\$			\$
November	4		\$			\$
December	\$	5	\$			\$
Total (4	5	\$			\$

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

Total Workplace Wages Total Workplace Tax Total Residence Tax ployee Image: Second secon	employee ir end
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Total Workplace Wages Total Workplace Tax Total Residence Tax Total n ployee Image: Second Seco	
have examined this return and to the best of my knowledge it is correct.	number of es at year
have examined this return and to the best of my knowledge it is correct.	
Signature Title Date	
Print Name	