

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
RITA 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 RITA**State: Zip Code:

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

Workplace Wages Workplace
Tax Rate Workplace Tax Residence Tax

\$ % \$ \$

Municipality Number of employees
at year end

Workplace Wages Workplace
Tax Rate Workplace Tax Residence Tax

\$ % \$ \$

Municipality Number of employees
at year end

Workplace Wages Workplace
Tax Rate Workplace Tax Residence Tax

\$ % \$ \$

Municipality Number of employees
at year end

Workplace Wages Workplace
Tax Rate Workplace Tax Residence Tax

\$ % \$ \$

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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

\$ \$ \$

8

Provide the EIN, Name, Municipality, Workplace Wages, & Workplace Tax under which the withholding tax was remitted if different.

EIN: _____ Name: _____

Municipality: _____ Workplace Wages: _____ Workplace Tax: _____

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

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Signature Title Date

Print Name

Phone:

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