

SECTION
A

FOR THE PERIOD

 TO

DUE ON OR BEFORE

FED. ID #:

NAME:

ADDRESS #:

SUITE:

STREET NAME:

CITY:

STATE:

ZIP CODE:

1. TOTAL WAGES SUBJECT
TO WORKPLACE TAX

\$

2. TOTAL AMOUNT OF
WORKPLACE TAX WITHHELD

\$

3. TOTAL AMOUNT OF
RESIDENCE TAX WITHHELD

\$

4. TOTAL AMOUNT DUE AND PAID

\$

MAKE CHECK PAYABLE TO: RITA

CHECK #:

I HAVE EXAMINED THIS RETURN AND TO THE BEST OF MY KNOWLEDGE IT IS CORRECT.

SIGNATURE

PRINT NAME

TITLE

DATE

PHONE NUMBER

SECTION
BSECTION B **MUST** BE COMPLETED. SECTION A **MUST** EQUAL SECTION B.
NEGATIVE AMOUNTS ARE NOT ACCEPTABLE.☐CHECK HERE IF YOU HAVE ANY CHANGES TO YOUR
DISTRIBUTION AND COMPLETE SECTION B ON THIS FORM.

MUNICIPALITY

WORKPLACE WAGES

WORKPLACE
TAX RATE

%

WORKPLACE
TAX WITHHELDRESIDENCE TAX
WITHHELD

SECTION B

[illegible]