Regional Income Tax Agency

RITA Employer's Municipal Tax Withholding Statement

RITA's eFile

Easy, Fast, Free & Secure www.ritaohio.com

Contact us toll free:
Cleveland 800.860.7482
Columbus 866.721.7482
Youngstown 866.750.7482
TDD 440.526.5332
Fax 440.922.3536

SECTION Α

FOR THE PERIOD	1. TOTAL WAGES SUBJECT TO WORKPLACE TAX \$				
то	2. TOTAL AMOUNT OF WORKPLACE TAX WITHHELD §				
DUE ON OR BEFORE	3. TOTAL AMOUNT OF				
FED. ID #:	RESIDENCE TAX WITHHELD \$				
NAME:	4. TOTAL AMOUNT DUE AND PAID \$				
ADDRESS #: SUITE:	MAKE CHECK PAYABLE TO: RITA CHECK #: I HAVE EXAMINED THIS RETURN AND TO THE BEST OF MY KNOWLEDGE IT IS CORRECT.				
	SIGNATURE				
STREET NAME:	PRINT NAME				
CITY:	DATE				
STATE: ZIP CODE:					
	PHONE NUMBER				
SECTION 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 WORKPLACE RESIDENCE TAX TAX RATE TAX WITHHELD WITHHELD				
	%				
	0/2				
	%				
	%				
	0,6				
	%				
	%				
	%				
	%				

SECTION B

MUNICIPALITY	WORKPLACE WAGES	WORKPLACE TAX RATE	WORKPLACE TAX WITHHELD	RESIDENCE TAX WITHHELD
		%		
		%		
		%		
		%		
		%		
		%		
		%		
		%		
		%		
		%		
		%		
		%		
		%		
		78		
		%		
		%		
		70		
		%		
		%		
		0/		
		70		
		%		
		%		
		%		
		— %		
		%		
		%		