

**FORM
11A**

Regional Income Tax Agency
**Adjusted Employer Municipal Tax
Withholding Statement**



800.860.7482
TDD 440.526.5332
ritaohio.com

1. Name: _____ Fed. ID#: _____
Address #: _____ Street: _____
City: _____ State: _____ Zip: _____

2. Originally Filed

For the period ____/____/____ to ____/____/____
MM DD YYYY MM DD YYYY

Municipality	Workplace Wages	Workplace Tax Withheld	Residence Tax Withheld	Total Tax Withheld
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
Totals	\$ _____	\$ _____	\$ _____	\$ _____

3. Adjusting To

Municipality	Workplace Wages	Workplace Tax Withheld	Residence Tax Withheld	Total Tax Withheld
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
Totals	\$ _____	\$ _____	\$ _____	\$ _____

4. Balance Due \$ _____

5. Overpayment \$ _____

Refund

Credit (Must distribute in Section 7)

Reason for Adjusting explanation must be provided for all fields.

Examples: If you are adjusting the municipality from what was originally reported, you must provide the physical address of the adjusted municipality you are reporting in the "Adjusted To" column.

If you are adjusting wages, provide explanation as to why wages changed from the original reported amount(s).

6. Reason for Adjusting

7. Distribution of Overpayment

(From Section 5)

Municipality	Amount	Distribute Credit to Tax Period
_____	\$ _____	____/____/____ MM DD YYYY
_____	\$ _____	____/____/____ MM DD YYYY
_____	\$ _____	____/____/____ MM DD YYYY
_____	\$ _____	____/____/____ MM DD YYYY
_____	\$ _____	____/____/____ MM DD YYYY
_____	\$ _____	____/____/____ MM DD YYYY
_____	\$ _____	____/____/____ MM DD YYYY
_____	\$ _____	____/____/____ MM DD YYYY

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

Print Name: _____ Title: _____

Signature: _____ Date: _____ Phone: _____-_____-_____

Mail to:

Without payment:
RITA
P.O. Box 477900
Broadview Heights, OH 44147-7900
Fax: 440.922.3536

With payment:
RITA
P.O. Box 94736
Cleveland, OH 44101-4736