

POSTAL WAGE AMENDMENT STATEMENT

REGIONAL INCOME TAX AGENCY
10107 Brecksville Road, Brecksville, Ohio 44141-3275
Local (440) 526-0900 Toll Free (800) 860-7482 Fax (440) 526-8813

Account Number: _____ Tax Year: _____

Employee's name: _____ Phone number: _____

Employee's address: _____

Amendment Certification – To be completed and signed by the employee's supervisor or other responsible representative of the employer who has knowledge that the information provided is accurate.

Directions – Indicate the amount of wages the employee earned in each respective municipality for the above referenced tax year. Also list the corresponding dates that the wages were earned.

Municipality of Employment	Wage earned in municipality	Date wages were earned			
		From	Thru	Month	Day
		Month	Day	Month	Day

Total W2 income: _____ 0.00 (must agree to box 5 of the W2 form)

I/We certify that the above information is accurate and complete and that I/we will be held liable for any false, misleading, and/or incomplete information.

Employer Representative:

Print name Title Phone

Signature Date

Employee: _____ Date: _____
Signature