DRAFT

Do not file draft forms. Although we do not expect this draft to change significantly before we publish the final version, we will not post the final version until after year-end.

PRINT FORM RESET FORM

Form **27**

Regional Income Tax Agency

RITA Net Profit Tax Return

2026

RITA REGIONAL INCOME TAX AGENCY

800.860.7482
TDD 440.526.5332
ritaohio.com

FOR CALENDAR YEAR ____ OR FISCAL YEAR BEGINNING ____ AND ENDING ____

The federal return **MUST** be attached to be considered a complete tax return. Please also attach all applicable schedules and 1099-NEC to avoid delays.

Check if: ☐ Initial RITA Return ☐ Amended Return ☐ Consolidated Return (Attach Form 851) ☐ No longer in RITA ____ ☐ Out of Business ____ ☐ Alternate Method ☐ Extension

Federal Business Activity Code # ____

☐ Consolidated filer with 80% ownership of a Pass-Through Entity (see Instructions, Page 3)

Business Activity ____

BUSINESS: ☐ C CORPORATION ☐ S CORPORATION ☐ PARTNERSHIP ☐ ESTATE ☐ LLC ☐ TRUST

SMALL EMPLOYER: ☐

ORC 718.021 ELECTION: ☐

Company Name ____

Federal Identification Number: ____

Address # ____ Street ____ Suite # ____

City ____ State ____ Zip Code ____

DRAFT

1.	INCOME PER ATTACHED FEDERAL RETURN (per attached Federal Form 1120 (Line 28), 1120S (Sch. K - Line 18), 990T (Line 11), 1065 (Sch. K - Analysis of Net Income (Loss), Page 6 - Line 1), (Line 17 plus Line 15b) or the equivalent	1	.00
2.	A. ITEMS NOT DEDUCTIBLE (from Page 3, Schedule X, Line G)	Add 2A	.00
	B. ITEMS NOT TAXABLE (from Page 3, Schedule X, Line Q)	Deduct 2B	.00
	C. ENTER EXCESS OF LINE 2A OR 2B	2C	.00
3.	A. ADJUSTED FEDERAL TAXABLE INCOME (Line 1 plus or minus Line 2C)	► 3A	.00
	B. CHECK THE BOX WHEN USING DIFFERENT NET OPERATING LOSS AMOUNTS FOR DIFFERENT MUNICIPALITIES AND ATTACH YOUR NET OPERATING LOSSES WORKSHEET. SEE FORM 27 INSTRUCTIONS FOR 3Bii THROUGH LINE 4.	► 3B	☐
	i. THIS LINE INTENTIONALLY LEFT BLANK		
	ii. PRE-APPORTIONED LOSSES FROM TAX YEARS BEGINNING ON OR AFTER 1/1/18 UTILIZED IN THIS TAX YEAR	► 3B(ii)	.00
	iii. Income/Loss Subject to Apportionment (Line 3A less Line 3B(ii))	► 3B(iii)	.00
	C. PERCENTAGE ALLOCABLE TO RITA If Schedule Y, Page 4 is used	3C	%
4.	**AMOUNT SUBJECT TO MUNICIPAL INCOME TAX** (Line 3b(iii) multiplied by 3C (%))	► 4	.00
5.	**MUNICIPAL INCOME TAX DUE** (see Instructions) NOTE: Must equal Schedule B on Page 2	► 5	.00
6.	A. PAYMENTS ON DECLARATIONS OF ESTIMATED MUNICIPAL INCOME TAX	6A	.00
	B. AMOUNT OF PREVIOUS YEAR CREDIT	6B	.00
	C. TOTAL CREDITS ALLOWABLE (Line 6A + 6B)	► 6C	.00
7.	A. **BALANCE DUE** (Line 5 less Line 6C) **AMOUNT PAYABLE TO RITA MUST ACCOMPANY THIS FORM**	► 7A	.00
	B. **OVERPAYMENT CLAIMED (If Line 6C exceeds Line 5 enter difference here and check the desired box)** (Cannot be split between refund and credit) **Refund** ☐ **Credit** ☐	7B	.00

FORM 27

SCHEDULE B - DISTRIBUTION OF TAX WITHIN RITA MUNICIPALITIES

TOTAL TAX DISTRIBUTED BELOW MUST EQUAL AMOUNT FROM PAGE 1, LINE 5

Note: For each separate municipality listed below, if Tax Due is $10 or less, enter -0-.

(if more space is needed, attach additional schedule)

Municipality Name	Taxable Income / Loss	Tax Rate	Tax Due
	.00	.%	.00
	.00	.%	.00
	.00	.%	.00

COMPUTATION OF ESTIMATED TAX

ESTIMATED TAX DISTRIBUTION TOTAL TO LINE 8A

(if more space is needed, attach additional schedule)

Municipality Name	Taxable Income / Loss	Tax Rate	Tax Due
	.00	.%	.00
	.00	.%	.00
	.00	.%	.00

DRAFT

8. A. ESTIMATED TAX (from distribution above) (IF LINE 8A IS LEFT BLANK AN ESTIMATE WILL BE CREATED FOR YOU BASED ON YOUR PRIOR YEAR'S TAX LIABILITY AND MUNICIPAL DISTRIBUTION)	▶ 8A	.00
B. CREDIT (if any) FROM PRIOR YEAR (7B)	8B	.00
C. LINE 8A LESS LINE 8B	8C	.00
D. AMOUNT PAID: Total AMOUNT DUE and based on when the return is filed at least 1/4 of estimated tax due, less any CREDIT. Estimated tax payments are due on the fifteenth (15th) day of the fourth (4th), sixth (6th) ninth (9th) and twelfth (12th) months of each fiscal year.	8D	.00
9. TOTAL OF 7A + 8D	9	.00

MAKE CHECKS PAYABLE TO RITA

The federal return **MUST** be attached to be considered a complete tax return. In order to avoid processing delays and notices from RITA, please also attach all applicable schedules and 1099-NEC.

I CERTIFY I HAVE EXAMINED THIS RETURN, INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT, COMPLETE, AND THAT THE FIGURES USED HEREIN ARE THE SAME AS USED FOR FEDERAL INCOME TAX PURPOSES.

SIGNATURE OF OFFICER OR PARTNER | PREPARER'S SIGNATURE | PRINT NAME

PRINT NAME | PREPARER'S ADDRESS

TITLE | PHONE | DATE | PREPARER'S PHONE | FIRM NAME

May RITA discuss this return with the preparer shown above? ☐ Yes ☐ No

REMIT RETURN WITH REFUND TO:
REGIONAL INCOME TAX AGENCY
P.O. BOX 94652
CLEVELAND, OH 44101-4652
ritaohio.com

REMIT RETURN WITH PAYMENT TO:
REGIONAL INCOME TAX AGENCY
P.O. BOX 94582
CLEVELAND, OH 44101-4582

REMIT RETURN WITHOUT PAYMENT TO: REGIONAL INCOME TAX AGENCY
P.O. BOX 89475
CLEVELAND, OH 44101-6475

FORM 27

SCHEDULE X – ADJUSTMENT TO FEDERAL INCOME TAX RETURN
(attach supporting statement for line items utilized below)

ITEMS NOT DEDUCTIBLE

A.	LOSSES THAT DIRECTLY RELATE TO THE SALE, EXCHANGE, OR OTHER DISPOSITION OF AN ASSET DESCRIBED IN 1221 OR 1231 OF THE IRC	.00
B.	TAXES BASED ON INCOME	.00
C.	5% OF THE AMOUNT DEDUCTED AS INTANGIBLE INCOME EXCLUDING THE PORTION DIRECTLY RELATED TO THE SALE, EXCHANGE, OR OTHER DISPOSITION OF PROPERTY DESCRIBED IN 1221 OF THE IRC	.00
D.	AMOUNTS PAID OR ACCRUED TO QUALIFIED SELF-EMPLOYED RETIREMENT AND HEALTH AND LIFE INSURANCE PLANS FOR OWNERS OR OWNER-EMPLOYEES OF NON-C CORPORATION ENTITIES	.00
E.	REIT'S AND RIC'S - ALL AMOUNTS WITH RESPECT TO DIVIDENDS, DISTRIBUTIONS, OR AMOUNTS SET ASIDE FOR OR CREDITED TO THE BENEFIT OF INVESTORS AND ALLOWED AS A DEDUCTION	.00
F.	OTHER: (ATTACH EXPLANATION)	.00
G.	TOTAL ADDITIONS (ENTER ON PAGE 1, LINE 2A)	.00

ITEMS NOT TAXABLE

N.	INCOME AND GAINS - FEDERALLY REPORTED INCOME AND GAINS FROM IRC 1221 OR 1231 PROPERTY DISPOSITIONS EXCEPT TO THE EXTENT THE INCOME AND GAINS APPLY TO THOSE DESCRIBED IN 1245 OR 1250 OF THE IRC	.00
O.	INTANGIBLE INCOME SUCH AS INTEREST, DIVIDEND, PATENT, AND COPYRIGHT INCOME ALSO INCLUDE ROYALTY INCOME EXCEPT ROYALTIES DERIVED FROM INTEREST IN LAND (i.e. OIL AND GAS RIGHTS, ETC.)	.00
P.	OTHER : PASS-THROUGH INCOME (LOSS)	.00
Q.	TOTAL DEDUCTIONS (ENTER ON LINE 2B)	.00

DRAFT

AFTI WORKSHEET
ADJUSTED FEDERAL TAXABLE INCOME
For use by taxpayers that are NOT C Corporations

(1) Federal Form 1120S (S Corporations) - Sch. K - Line 18

(2) Federal Form 1065 (Partnerships, LLC's, LLP's) - Sch. K - Analysis of Net Income (Loss), Page 6 - Line 1

(3) Federal Form 1041 (Estates, Trusts) - Page 1 - Line 17

		Form 1120S	Form 1065	Form 1041
a)	From Federal Return (above)	$	$	$
b)	Excess 179 Deduction / Carryover			
c)	Charitable Contribution - In Excess of 10% Limitation			
d)	Other:_____			
e)	**"ADJUSTED FEDERAL TAXABLE INCOME"**	$	$	$

FORM 27

SCHEDULE Y - BUSINESS APPORTIONMENT FORMULA (See Instructions)

☐ ORC 718.021 ELECTION to apportion to qualifying reporting location. This box is checked from page 1.

		A. LOCATED EVERYWHERE	B. RITA MUNICIPALITY _____	C. PERCENTAGE (B / A)
STEP 1.	AVERAGE ORIGINAL COST OF REAL & TANGIBLE PERSONAL PROPERTY	$	$	
	GROSS ANNUAL RENTALS MULTIPLIED BY 8	$	$	
	TOTAL OF STEP 1	$	$	%
STEP 2.	TOTAL WAGES, SALARIES, COMMISSION AND OTHER COMPENSATION PAID TO ALL EMPLOYEES	$	$	%
STEP 3.	GROSS RECEIPTS FROM SALES AND WORK OR SERVICES PERFORMED	$	$	%
STEP 4.	TOTAL OF PERCENTAGES			%
STEP 5.	AVERAGE PERCENTAGE (DIVIDE TOTAL PERCENTAGES BY NUMBER OF PERCENTAGES USED)			%

		A. LOCATED EVERYWHERE	B. RITA MUNICIPALITY _____	C. PERCENTAGE (B / A)
STEP 1.	AVERAGE ORIGINAL COST OF REAL & TANGIBLE PERSONAL PROPERTY	$	$	
	GROSS ANNUAL RENTALS MULTIPLIED BY 8	$	$	
	TOTAL OF STEP 1	$	$	%
STEP 2.	TOTAL WAGES, SALARIES, COMMISSION AND OTHER COMPENSATION PAID TO ALL EMPLOYEES	$	$	%
STEP 3.	GROSS RECEIPTS FROM SALES AND WORK OR SERVICES PERFORMED	$	$	%
STEP 4.	TOTAL OF PERCENTAGES			%
STEP 5.	AVERAGE PERCENTAGE (DIVIDE TOTAL PERCENTAGES BY NUMBER OF PERCENTAGES USED)			%

DRAFT

		A. LOCATED EVERYWHERE	B. RITA MUNICIPALITY _____	C. PERCENTAGE (B / A)
STEP 1.	AVERAGE ORIGINAL COST OF REAL & TANGIBLE PERSONAL PROPERTY	$	$	
	GROSS ANNUAL RENTALS MULTIPLIED BY 8	$	$	
	TOTAL OF STEP 1	$	$	%
STEP 2.	TOTAL WAGES, SALARIES, COMMISSION AND OTHER COMPENSATION PAID TO ALL EMPLOYEES	$	$	%
STEP 3.	GROSS RECEIPTS FROM SALES AND WORK OR SERVICES PERFORMED	$	$	%
STEP 4.	TOTAL OF PERCENTAGES			%
STEP 5.	AVERAGE PERCENTAGE (DIVIDE TOTAL PERCENTAGES BY NUMBER OF PERCENTAGES USED)			%

TOTAL Sum all STEP 5 percentages for each municipality, enter on Page 1, Line 3C _____ %

SCHEDULE Y-1: RECONCILIATION OF SCHEDULE Y WAGES TO WITHHOLDING RETURNS

1. Total workplace RITA wages shown on your withholding tax returns filed for the year covered by this return. $ _____
2. Attach explanation of any difference between total wages remitted and total wages shown on Schedule Y above.
3. Provide the Company Name and Federal Identification Number under which the withholding tax was remitted, if different than information on page 1.

Company Name _____ Federal Identification Number _____

SCHEDULE Z: PASS-THROUGH DISTRIBUTIVE SHARES OF NET INCOME

Attach a schedule of each partner's/shareholder's name, social security number, distributive share, guaranteed payments (if applicable) and ownership percentage.

SCHEDULE ZZ: CONSOLIDATED RETURN INFORMATION

If filing a consolidated return, you must attach Federal Form 851 or a schedule listing each name, address and employer identification number.