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 **17**

Regional Income Tax Agency
Reconciliation of Income Tax Withheld and W-2/1099-NEC Transmittal

RITA REGIONAL INCOME TAX AGENCY

800.860.7482
TDD 440.526.5332
ritaohio.com

1 Tax Year:

Due on or before the last day of February of the following year.

3 Total number of W-2's enclosed:

Total number of 1099-NEC enclosed:

Total number of employees working in a RITA member municipality(ies) at year end:

Fed. ID #:

Name:

Address #: Suite:

Street Name:

City:

State: Zip Code:

IF THIS IS AN AMENDED RETURN CHECK HERE

OUT OF BUSINESS

MOVED OUT OF RITA

Period **2**	**Workplace Wages**	**Workplace Tax Withheld**	**Residence Tax Withheld**
January			
February			
March			
April			
May			
June			
July			
August			
September			
October			
November			
December			
Total **4**	0.00	0.00	0.00

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Totals must be distributed by municipality on Page 2 in Section 5.

(if additional space is needed, attach a separate schedule)

Fed. ID #:

5

Municipality | Number of employees at year end | Working from Home (WFH) Indicator*

Workplace Wages | Workplace Tax Rate % | Workplace Tax | Residence Tax

Municipality | Number of employees at year end | Working from Home (WFH) Indicator*

Workplace Wages | Workplace Tax Rate % | Workplace Tax | Residence Tax

Municipality | Number of employees at year end | Working from Home (WFH) Indicator*

Workplace Wages | Workplace Tax Rate % | Workplace Tax | Residence Tax

Municipality | Number of employees at year end | Working from Home (WFH) Indicator*

Workplace Wages | Workplace Tax Rate % | Workplace Tax | Residence Tax

Municipality | Number of employees at year end | Working from Home (WFH) Indicator*

Workplace Wages | Workplace Tax Rate % | Workplace Tax | Residence Tax

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6 TOTAL: Must equal totals on Page 1 from Section 4.

Total Workplace Wages	Total Workplace Tax	Total Residence Tax	**7** Total number of employees at year end
0.00	0.00	0.00	0

8 **Note:** If you file a Form 17 as a professional employer organization (PEO), common pay master, co-employer, or other agent providing payroll services to unrelated third party employers, including, but not limited to, clients, subsidiaries, other companies, etc., **you must** also provide specific information on each of these employers. Use **Schedule R-17** to report for each employer EIN and Name and to allocate the Workplace Wages, Workplace Tax Withheld, Residence Tax Withheld and RITA Municipality.

***Check the WFH indicator box if employees worked from home (or from a qualified remote work location) in the municipality listed.These wages are reported as part of workplace wages.**

I have examined this return and to the best of my knowledge it is correct.

9

Signature | Title | Date

Print Name

Phone:

Mail to: Attn RITA
P.O. BOX 715170
CINCINNATI, OH 45271-5170
Fax: 440.922.3536

For OVERNIGHT mail: Attn RITA
P.O.BOX 715170
895 CENTRAL AVENUE SUITE 600
CINCINNATI, OH 45202-5703