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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.

Form **10A**

Regional Income Tax Agency
Application for Municipal Income Tax Refund
PO Box 95422
Cleveland, OH 44101-0033

RITA
REGIONAL INCOME TAX AGENCY

800.860.7482
TDD 440.526.5332
ritaohio.com

Your social security number	Tax year of claim **2026**
Your first name and middle initial	Last name
Current home address (number and street)	Apt #
City, state, and ZIP code	

To **avoid delays** in your refund request, please review the instruction page for guidelines and claim specifics.
If filing a Form 37 and 10A, attach 10A to your completed return and mail them together to the Form 10A address.

Frequently asked questions regarding Refunds can be found on ritaohio.com under FAQs/Individual FAQ/Refunds.

Contact phone number: _____

Reason for Claim

Check the Box below that applies.

- A separate Form 10A is required if you have multiple W-2 forms, or for each municipality from which a refund is requested.
- No refunds will be issued without the proper documentation indicated by reason for the claim.

(*MM/DD/YYYY*)

1. ☐ **Age Exemption.** Date of Birth_____ Attach a copy of your W-2 form and proof of birthdate (birth certificate, driver's license, etc.). If you were under age for only part of the year, you must attach a copy of your pay stub for the pay period in which your birthday fell.
2. ☐ **Days Worked From Home. Days worked outside of municipality for which the employer withheld tax, and instead you worked from home (remote).** Attach a copy of your W-2 Form, a completed Log of Days Out Worksheet on page 3, and a completed Calculation for Days Worked Out of RITA on page 3. You must also complete the Employer Representative section on page 2.
3. ☐ **Other Days Worked Outside of Municipality** for which the employer withheld tax (other than days worked at home). Attach a copy of your W-2 Form, a completed Log of Days Out Worksheet on page 3, and a completed Calculation for Days Worked Out of RITA on page 3. You must also complete the Employer Representative section on page 2.
4. ☐ **Employer withheld at a rate higher than the employment municipality's tax rate.** Attach a copy of your W-2 Form and a completed Calculation of Overpayment on page 2. You must also complete the Employer Representative section on page 2.
5. ☐ **Employer withheld too much (over-withheld) residence municipality tax.** Attach a copy of your W-2 Form. You must also complete the Employer Representative section on page 2.
6. ☐ **Withheld by mistake** for the municipality of _____ when I actually worked in the municipality of _____. Attach a copy of your W-2 Form. You must also complete the Employer Representative section on page 2. Indicate the address where you actually worked in the box below.

Work Location Street Address	City	State	Zip

7. ☐ **Over-the-road truck driver.** The wages of an interstate truck driver regularly assigned to drive in more than one state are only taxable by the driver's municipality of residence. Intrastate truck drivers may be eligible to receive up to a 90% refund from their principal place of work. (A logging of your work locations, to support a refund of the tax withheld from your principal place of work, is required). Attach a copy of your W-2. You must also complete the Employer Representative section on page 2.
8. ☐ **Military Spouse Residency Relief Act.** Attach copies of W-2 Form, Form DD 2058, valid military spouse ID card and service member's most recent LES. Only the completion of the Claim Summary below is required.
9. ☐ **Other** (Indicate Reason). Attach W-2 Form and other applicable documentation, and a completed Calculation of Overpayment on page 2. You must also complete the Employer Representative section on page 2.

_____

10. ☐ **Refund of overpayment on account** if you have already filed Form 37 or you are not required to file. Employer certification is not required. ***This reason should not be selected if requesting a refund for taxes withheld by your employer.*** Use applicable reasons 1-9 for requests for taxes withheld by your employer.

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Claim Summary – *Submit one claim per form. Please complete a separate 10A if multiple employers/municipalities exist.*

1 Employer Federal ID #	**1**	Employer Name	
2 RITA Municipality for which tax was withheld (from W-2, Box 20). RITA cannot refund tax withheld to a Non-RITA municipality	**2**		
3 Amount of income not taxable. Enter -0- for reasons 4 and 5. For all other reasons enter the amount of wages you are claiming are not taxable		**3**	
4 Amount of over withholding claimed (Box A-9 on page 2 or Line 10 on page 3)		**4**	
5 Amount of over withholding you want applied as a payment to your individual or joint account instead of being refunded to you. Enter -0- if you want all of your refund sent to you		**5**	
Provide the social security number of the account to which you want the amount on line 5 to be credited	SSN of account to be credited		
6 Net amount to be refunded. Subtract line 5 from line 4. **Amounts $10 or less will not be refunded.**		**6**	

Name of employee shown on page 1	Employee's SSN	Tax Year of Claim **2026**

Calculation of Overpayment – Complete for Refund Claim Reasons 4 or 9

A. Refund/Credit Calculation

A 1	**Total Wages** from employee's W-2 Form	**A-1**		
2	Enter name of municipality for which tax was withheld	**A-2**		
3	Amount of municipal tax withheld to the municipality indicated on line A-2	**A-3**		
4	List the complete address of the municipality where the employee physically performed the work or services. If the employee did not work within the limits of a municipality, skip lines A-5, A-6 and A-7, and enter -0- on line A-8	**A-4**	Work location street address City, State, Zip Code	
5	Enter the amount of municipal taxable wages earned in the municipality indicated on line A-4	**A-5**		
6	Enter the tax rate of the municipality indicated on line A-4	**A-6**		
7	Tax due to municipality where employee physically worked. Multiply line A-5 by the tax rate on line A-6	**A-7**		
8	If the municipality indicated on line A-4 is a RITA municipality, enter the amount from line A-7; otherwise enter -0-	**A-8**		
9	**Amount of over-withheld tax to be refunded or credited.** Subtract line A-8 from line A-3. Amounts $10 or less will not be refunded or credited. Enter total on Page 1, line 4.	**A-9**		

B. Your Home Address during the Tax Year

Your home address for the period covered by this claim was:

Employee's Home Street Address	City	State	Zip

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C. Your Employment Dates for the Tax Year

If you are still employed, enter "n/a" as the date of separation.

Date of Hire	Date of Separation

D. Explanation of Reason for Refund (Optional) Use the box to provide more information on your refund request.
Example (taxpayer works from home 4 days)

Employer Representative Contact Information

Employer Representative Contact Information

Provide the name and contact information for an Employer Representative. The Employer Representative is a person at your employer who can verify your local withholding, work locations and refund information. RITA may contact the Employer Representative to confirm information reported on this Form 10A. The signature of the Employer Representative is NOT required.

Print Representative's Name | Print Representative's Title | Date | Representative's Phone Number

Business/Company Name

Taxpayer's Signature

Under penalties of perjury, I declare that I have examined this claim, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this information may be released to the tax administrator of the resident or workplace municipality and the Internal Revenue Service. I further understand that if this refund changes my RITA residence tax, an amended return must be filed before the refund will be issued. I also understand that if I have an unpaid balance due, this refund will be applied to that balance due.

Taxpayer's Signature | Date | Taxpayer's Daytime Phone | Taxpayer's Evening Phone

To avoid delays:

- Mail this form along with the required documents indicated under your "Reason for Claim" on page 1 to the address shown at right; and
- If filing Form 37, attach the 10A to the completed return and mail them together.

Mail with required documentation to:

Regional Income Tax Agency
PO Box 95422
Cleveland, OH 44101-0033

Name of employee shown on page 1	Employee's SSN	Tax Year of Claim **2026**

Calculation of Days Worked Outside of RITA Municipality – Complete for Refund Claim Reasons 2 or 3.

1 **Total workdays available.** If you normally work a 5 day work week and you worked for your employer for the entire year, enter 260 (52 weeks times 5 days). Otherwise, enter the number of days you normally worked in a week times the number of weeks worked (cannot exceed 260).	**1**	
2 **Days not worked.** Enter total number of days included on line 1 that you did not work due to holidays, personal days, sick days, and vacation days	**2**	
3 **Total days actually worked.** Subtract line 2 from line 1	**3**	
4 Days worked outside of the municipality for which tax was withheld. A log of days out must be included (see below). For purposes of this refund claim, if you worked in another municipality that has an income tax, the wages earned in that municipality are subject to tax in that municipality.	**4**	
5 **Days worked in the municipality for which tax was withheld.** Subtract line 4 from line 3	**5**	
6 **Percentage of wages earned in the municipality.** Divide line 5 by line 3	**6**	
7 **Total municipal taxable wages.** For most taxpayers, this is the larger of Box 5 or 18 from your W-2	**7**	
7A Amount of municipal tax withheld to the municipality (W-2 Box 19)	**7A**	
8 **Wages taxable to municipality for which tax was withheld.** Multiply line 6 by line 7	**8**	
8A Multiply line 8 by workplace tax rate **Tax Rate**	**8A**	
9 **Wages not taxable to municipality for which tax was withheld.** Subtract line 8 from line 7. Enter here and on Page 1, line 3	**9**	
10 **Amount of over withholding claimed.** Amount of over withholding claimed. Subtract line 8A from line 7A. Enter here and on Page 1, line 4	**10**	

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Log of Days Out

List the names of the municipalities/locations where you worked while working outside of the municipality for which tax was withheld, and the number of days worked in those municipalities/locations. Your own worksheet is acceptable. Use additional paper if necessary.

Travel Date/s	Work Location	Reason	# Days		Travel Date/s	Work Location	Reason	# Days
					Total number of Days worked outside of municipality for which the employer withheld tax			