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 **11** Regional Income Tax Agency

Employer Municipal Tax Withholding Statement

RITA REGIONAL INCOME TAX AGENCY

800.860.7482
TDD 440.526.5332
ritaohio.com

FOR THE PERIOD

TO

DUE ON OR BEFORE

FED. ID #:

NAME:

ADDRESS #: SUITE:

STREET NAME:

CITY:

STATE: ZIP CODE:

SECTION A

1. TOTAL WAGES SUBJECT TO WORKPLACE TAX
2. TOTAL AMOUNT OF WORKPLACE TAX WITHHELD
3. TOTAL AMOUNT OF RESIDENCE TAX WITHHELD
4. TOTAL AMOUNT DUE AND PAID

MAKE CHECK PAYABLE TO: RITA CHECK #:

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

SIGNATURE

PRINT NAME

TITLE DATE

PHONE NUMBER

SECTION B SECTION B **MUST** BE COMPLETED. SECTION A **MUST** EQUAL SECTION B. NEGATIVE AMOUNTS ARE NOT ACCEPTABLE.

CHECK HERE IF YOU HAVE ANY CHANGES TO YOUR DISTRIBUTION AND COMPLETE SECTION B ON THIS FORM.

MUNICIPALITY	WORKPLACE WAGES	WORKPLACE TAX WITHHELD	RESIDENCE TAX WITHHELD

DRAFT

REGIONAL INCOME TAX AGENCY

Regular Mail:
Single Distributor
P.O. BOX 94983
CLEVELAND, OH 44101-4983
Fax: 440.922.3536

Regular Mail:
Multiple Distributors
P.O. BOX 94736
CLEVELAND, OH 44101-4736

Overnight Mail:
P.O .BOX 94736
4910 Tiedeman Road
BROOKLYN, OH 44144

SECTION B

MUNICIPALITY	WORKPLACE WAGES	WORKPLACE TAX WITHHELD	RESIDENCE TAX WITHHELD

DRAFT