FORM 11A

Regional Income Tax Agency
Adjusted Employer Municipal Tax Withholding Statement

RITA
REGIONAL INCOME TAX AGENCY

800.860.7482
TDD 440.526.5332
ritaohio.com

1. **Name:** _____ **Fed. ID#:** _____

Address #: _____ **Street:** _____

City: _____ **State:** _____ **Zip:** _____

2. Originally Filed

For the period _____/_____/_____ to _____/_____/_____
MM DD YYYY MM DD YYYY

Municipality	Workplace Wages	Workplace Tax Withheld	Residence Tax Withheld	Total Tax Withheld
_____	$_____	$_____	$_____	$_____
_____	$_____	$_____	$_____	$_____
_____	$_____	$_____	$_____	$_____
_____	$_____	$_____	$_____	$_____
Totals	$ 0.00	$ 0.00	$ 0.00	$ 0.00

3. Adjusting To

Municipality	Workplace Wages	Workplace Tax Withheld	Residence Tax Withheld	Total Tax Withheld
_____	$_____	$_____	$_____	$_____
_____	$_____	$_____	$_____	$_____
_____	$_____	$_____	$_____	$_____
_____	$_____	$_____	$_____	$_____
Totals	$ 0.00	$ 0.00	$ 0.00	$ 0.00
		▲	▲	▲

4. **Balance Due** $_____

5. **Overpayment** $_____

Refund ☐

Credit ☐ (Must distribute in Section 7)

6. Reason for Adjusting

Reason for Adjusting explanation must be provided for all fields.
Examples: If you are adjusting the municipality from what was originally reported, you must provide the physical address of the adjusted municipality you are reporting in the "Adjusted To" column.
If you are adjusting wages, provide explanation as to why wages changed from the original reported amount(s).

_____

_____

_____

_____

7. Distribution of Overpayment (From Section 5)

Municipality	Amount	Distribute Credit to Tax Period
_____	$_____	_____/_____/_____ MM DD YYYY
_____	$_____	_____/_____/_____ MM DD YYYY
_____	$_____	_____/_____/_____ MM DD YYYY
_____	$_____	_____/_____/_____ MM DD YYYY
_____	$_____	_____/_____/_____ MM DD YYYY
_____	$_____	_____/_____/_____ MM DD YYYY
_____	$_____	_____/_____/_____ MM DD YYYY
_____	$_____	_____/_____/_____ MM DD YYYY

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

Print Name: _____ **Title:** _____

Signature: _____ **Date:** _____ **Phone:** _____-_____-_____

Mail to:

Without payment:
RITA
P.O. Box 477900
Broadview Heights, OH 44147-7900
Fax: 440.922.3536

With payment:
RITA
P.O. Box 94736
Cleveland, OH 44101-4736