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## REGIONAL INCOME TAX AGENCY EMPLOYER'S MUNICIPAL TAX WITHHOLDING STATEMENT

FORM 11

SECTION A

TO UDE ON OR BEFORE  DUE ON OR BEFORE  TO  2. TOTAL AMOUNT OF WORRPLACE TAX WITHHELD \$  3. TOTAL AMOUNT OF RESIDENCE TAX WITHHELD \$  3. TOTAL AMOUNT OF RESIDENCE TAX WITHHELD \$  4. TOTAL AMOUNT OF RESIDENCE TAX WITHHELD \$  3. TOTAL AMOUNT OF RESIDENCE TAX WITHHELD \$  4. TOTAL AMOUNT OF RESIDENCE TAX WITHHELD \$  5. TOTAL AMOUNT OF RESIDENCE TAX WITHHELD \$  6. TOTAL AMOUNT OF TAX WITHHELD \$  7. TOTAL AMOUNT OF TAX WITHHELD \$  8. TOTAL AMOUNT OF RESIDENCE TAX WITHHELD \$  8. STREET NAME:  9. SHORTH AME  TITLE  9. DATE  PHONE NUMBER   MUNICIPALITY  WORKPLACE WAGES  WORKPLACE  WORKP
DUE ON OR BEFORE  FED. ID #:  NAME:  ADDRESS #:  ADDRESS #:  SUITE:  JIP:  MAKE CHECK PAYABLE TO: R.I.T.A.  HAVE EXAMINED THIS RETURN, AND TO THE BEST OF MY KNOWLEDGE IT IS CORRECT  SIGNATURE  PRINT NAME:  TITLE  DATE  PHONE NUMBER  CHECK HERE IF YOU HAVE ANY CHANGES TO YOUR  DISTRIBUTION AND COMPLETE SECTION B ON THIS FORM.  MUNICIPALITY  WORKPLACE WAGES  WORKPLACE  WORKPLACE  WORKPLACE  WORKPLACE  TAX WITHELD  WORKPLACE  WORKPLACE  TAX WITHELD
A. TOTALAMOUNT DUE AND PAID \$  NAME:  NAME:  MAKE CHECK PAYABLE TO: R.I.T.A.  I HAVE EXAMINED THIS RETURN, AND TO THE BEST OF MY KNOWLEDGE IT IS CORRECT SITREET NAME:  SIGNATURE  PRINT NAME  TITLE  DATE  TITLE  DATE  THORE AND THE SECTION B MUST BE COMPLETED. SECTION A MUST EQUAL SECTION B.  MUNICIPALITY  WORKPLACE WAGES  WORKPLACE  WORKPLACE  TAX RIATE  TAX WITHHELD  RESIDENCE TAX WITHH
NAME: ADDRESS #: SUITE: I HAVE EXAMINED THIS RETURN, AND TO THE BEST OF MY KNOWLEDGE IT IS CORRECT STREET NAME: SIGNATURE PRINT NAME TITLE DATE THE PHONE NUMBER   CHECK HERE IF YOU HAVE ANY CHANGES TO YOUR DISTRIBUTION AND COMPLETE SECTION 8 ON THIS FORM.  MUNICIPALITY WORKPLACE WAGES WORKPLACE TAX WITHHELD TAX WITHHELD TAX WITHHELD TO THE BEST OF MY KNOWLEDGE IT IS CORRECT TO MY KNOWLEDGE IT IS CORRECT THE DATE T
ADDRESS #: SUITE: I HAVE EXAMINED THIS RETURN, AND TO THE BEST OF MY KNOWLEDGE IT IS CORRECT SIGNATURE  PRINT NAME  TITLE  DATE  TITLE  PHONE NUMBER  SECTION SECTION B MUST BE COMPLETED. SECTION A MUST EQUAL SECTION B.  WORKPLACE WAGES  WORKPLACE  WORKPLACE  TAX RATE  TAX RATE  WORKPLACE  WORKPLACE  WORKPLACE  TAX WITHHELD  %  WORKPLACE  TAX WITHHELD  WITHELD  M  WORKPLACE  TAX WITHHELD  W
SECTION SECTION B MUST BE COMPLETED. SECTION A MUST EQUAL SECTION B.  MUNICIPALITY  WORKPLACE WAGES  WORKPLACE TAX WITHHELD  WORKPLACE TAX WITHHELD  RESIDENCE TAX WITHHELD  WORKPLACE TAX WITHHELD  WITHHELD  WORKPLACE TAX W
SECTION SECTION B MUST BE COMPLETED. SECTION A MUST EQUAL SECTION B.  NEGATIVE AMOUNTS ARE NOT ACCEPTABLE.  DATE  PHONE NUMBER  CHECK HERE IF YOU HAVE ANY CHANGES TO YOUR DISTRIBUTION AND COMPLETE SECTION B ON THIS FORM.  MUNICIPALITY  WORKPLACE WAGES  WORKPLACE TAX WITHHELD  TAX RATE  TAX WITHHELD  WORKPLACE TAX WITHHELD  SECTION B MUST BE COMPLETED. SECTION A MUST EQUAL SECTION B.  WORKPLACE TAX WITHHELD  WORKPLACE TAX WITHHELD  SECTION B MUST BE COMPLETED. SECTION A MUST EQUAL SECTION B.  DISTRIBUTION AND COMPLETE SECTION B ON THIS FORM.
SECTION B MUST BE COMPLETED. SECTION A MUST EQUAL SECTION B.  SECTION B MUST BE COMPLETED. SECTION A MUST EQUAL SECTION B.  CHECK HERE IF YOU HAVE ANY CHANGES TO YOUR DISTRIBUTION AND COMPLETE SECTION B ON THIS FORM.  MUNICIPALITY  WORKPLACE WAGES  TAX RATE  TAX WITHHELD  TAX WITHH
SECTION 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  TAX RATE TAX RATE TAX WITHHELD WITHHELD WITHHELD  %  9%  9%  9%  9%  9%  9%  9%  9%  9%
MUNICIPALITY  WORKPLACE WAGES  WORKPLACE TAX WITHHELD  TAX WITHHELD  WORKPLACE TAX WITHHELD  WORKPLACE TAX WITHHELD  TAX WITHHELD  WORKPLACE TAX WITHHELD  WORKPLACE TAX WITHHELD  TAX WITHHELD  WORKPLACE TAX WITHHELD  TAX WITHH
MUNICIPALITY  WORKPLACE WAGES  WORKPLACE TAX WITHHELD  TAX WITHHELD  WORKPLACE TAX WITHHELD  WORKPLACE TAX WITHHELD  TAX WITHHELD  WORKPLACE TAX WITHHELD  WORKPLACE TAX WITHHELD  TAX WITHHELD  WORKPLACE TAX WITHHELD  TAX WITHH
TAX RATE TAX WITHHELD WITHHELD
TAX RATE TAX WITHHELD WITHHELD

FORM 11

SECTION B

MUNICIPALITY	WORKPLACE WAGES	WORKPLACE TAX RATE	WORKPLACE TAX WITHHELD	RESIDENCE TAX WITHHELD
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	, , , .	%	, .	, .
	, , ,	%	, .	, .
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