FORM 17		ONAL INCOME TAX A of Income Tax Withheld and	
1 Tax Year:		3 Total number of W-2's end	closed:
-	the last day of February of the following year.	Total number of 1099's enclosed:	
Fed. ID #:		Total number of employees work R.I.T.A. member municipality(ies	sing in a s) at year end:
Name:			IF THIS IS AN AMENDED RETURN CHECK HERE
Address #:		Suite:	OUT OF BUSINESS
Street Name:			M M D D Y Y Y Y
City:			MOVED OUT OF R.I.T.A.
State:	Zip:		M M D D Y Y Y Y
Period (2)	Workplace Wages	Workplace Tax Withheld	Residence Tax Withheld
January	\$, , .	\$	\$
February	\$, , .	\$	\$
March	\$, , .	\$	\$
April	\$, , .	\$	\$
May	\$	\$	\$
June	\$	\$	\$
July	\$ 2 2 .	\$	\$
August	\$	\$	\$
September	\$, , .	\$	\$
October	\$, , .	\$	\$
November	\$, , .	\$	\$
December	\$	\$	\$
Total (4)	\$,	\$	\$

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

PHONE: CLEVELAND LOCAL: COLUMBUS TOLL FREE: YOUNGSTOWN TOLL FREE:					(440) 526-0900 (866) 721-RITA (7482) (866) 750-RITA (7482)						LL FF D: B SI1		(800) 860-RITA (7482) (440) 526-5332 www.ritaohio.com								
Municipality																	Num	ıber at	of e year	mplo end	yees
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Workplace V	Vages					kplac Rate	e		Wor	kpla	ce Tax	(Resid	ence 7	Гах			
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Municipality																	Num	nber at	of e year	mplo end	yees
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Municipality																	Num		of e year	mplo	yees
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Workplace V	Vages			1		Rate				kpla	ce Tax	(Resid	ence 7	Гах			_
\$	2	•				•	%	\$			2		•		\$,		•	
TOTAL: Mus	t equal totals	on Pa	ige 1 fr	rom S	Secti	on 4.											(7)				
Total Workpl			-			ıl Wor		e Tax	(٦	otal F	Reside	ence T	ax		\sim			numl es at	
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I have examine	d this return.	and to	the b	est o	f mv	know	/leda	e it is	corre	ot.	J 4 6										
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