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REGIONAL INCOME TAX AGENCY EMPLOYER'S MUNICIPAL TAX WITHHOLDING STATEMENT

FORM 11

SECTION A

FOR THE PERIOD

Month/year boxes for period start and end

TO

Month/year boxes for due on or before

DUE ON OR BEFORE

FED. ID #:

FED. ID # input boxes

NAME:

Name input boxes

ADDRESS #:

Address # input boxes

SUITE:

Suite input boxes

STREET NAME:

Street name input boxes

CITY:

City input boxes

STATE:

State input boxes

ZIP CODE:

Zip code input boxes

1. TOTAL WAGES SUBJECT TO WORKPLACE TAX

Wages subject to tax input boxes

2. TOTAL AMOUNT OF WORKPLACE TAX WITHHELD

Workplace tax withheld input boxes

3. TOTAL AMOUNT OF RESIDENCE TAX WITHHELD

Residence tax withheld input boxes

4. TOTAL AMOUNT DUE AND PAID

Total amount due and paid input boxes

MAKE CHECK PAYABLE TO: R.I.T.A.

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

SIGNATURE

Signature line

PRINT NAME

Print name line

TITLE

DATE

Title and date lines

PHONE NUMBER

Phone number input boxes

SECTION B

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

Check box for changes

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

MUNICIPALITY

WORKPLACE WAGES

WORKPLACE TAX RATE

WORKPLACE TAX WITHHELD

RESIDENCE TAX WITHHELD

Municipality input boxes

Workplace wages input boxes

Workplace tax rate input boxes

Workplace tax withheld input boxes

Residence tax withheld input boxes

Municipality input boxes

Workplace wages input boxes

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Workplace wages input boxes

Workplace tax rate input boxes

Workplace tax withheld input boxes

Residence tax withheld input boxes

