

**FORM
11A**

REGIONAL INCOME TAX AGENCY

Adjusted Employer's Municipal Tax Withholding Statement

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	\$ _____	\$ _____	\$ _____	\$ _____

3. Adjusting To

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

4. Balance Due \$ _____

5. Overpayment \$ _____

Refund

Credit (Must distribute in Section 7)

6. Reason for Adjusting (Must Be Provided)

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:** _____-_____-_____

Remit to: REGIONAL INCOME TAX AGENCY -- P.O. BOX 477900 BROADVIEW HEIGHTS, OH 44147-7900