

① Tax Year:

③ Total number of W-2's enclosed:

Due on or before the last day of February of the following year.

Total number of 1099's enclosed:

Fed. ID #:

Total number of employees working in a RITA member municipality(ies) at year end:

Name:

IF THIS IS AN AMENDED RETURN CHECK HERE

Address #: Suite:

OUT OF BUSINESS

Street Name:

City:

MOVED OUT OF RITA

State: Zip Code:

Period	② Workplace Wages	Workplace Tax Withheld	Residence Tax Withheld
January	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
February	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
March	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
April	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
May	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
June	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
July	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
August	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
September	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
October	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
November	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
December	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Total	④ \$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

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

(if additional space is needed, attach a separate schedule)

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Municipality	Number of employees at year end
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Workplace Wages	Workplace Tax Rate	Workplace Tax	Residence Tax
\$ <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/> %	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>

Municipality	Number of employees at year end
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Workplace Wages	Workplace Tax Rate	Workplace Tax	Residence Tax
\$ <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/> %	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>

Municipality	Number of employees at year end
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Workplace Wages	Workplace Tax Rate	Workplace Tax	Residence Tax
\$ <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/> %	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>

Municipality	Number of employees at year end
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Workplace Wages	Workplace Tax Rate	Workplace Tax	Residence Tax
\$ <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/> %	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>

Municipality	Number of employees at year end
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Workplace Wages	Workplace Tax Rate	Workplace Tax	Residence Tax
\$ <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/> %	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>

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TOTAL: Must equal totals on Page 1 from Section 4.

Total Workplace Wages	Total Workplace Tax	Total Residence Tax	7 Total number of employees at year end
\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

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Provide the EIN, Name, Municipality, Workplace Wages, & Workplace Tax under which the withholding tax was remitted if different.

EIN: _____ Name: _____

Municipality: _____ Workplace Wages: _____ Workplace Tax: _____

I have examined this return and to the best of my knowledge it is correct.

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<input style="width: 100%;" type="text"/>		
Signature	Title	Date

Print Name _____

Phone:

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