

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)

5

Municipality	Number of employees at year end
<input style="width: 90%;" type="text"/>	<input style="width: 80%;" type="text"/>

Workplace Wages	Workplace Tax Rate	Workplace Tax	Residence Tax
\$ <input style="width: 90%;" type="text"/>	<input style="width: 40%;" type="text"/> %	\$ <input style="width: 90%;" type="text"/>	\$ <input style="width: 90%;" type="text"/>

Municipality	Number of employees at year end
<input style="width: 90%;" type="text"/>	<input style="width: 80%;" type="text"/>

Workplace Wages	Workplace Tax Rate	Workplace Tax	Residence Tax
\$ <input style="width: 90%;" type="text"/>	<input style="width: 40%;" type="text"/> %	\$ <input style="width: 90%;" type="text"/>	\$ <input style="width: 90%;" type="text"/>

Municipality	Number of employees at year end
<input style="width: 90%;" type="text"/>	<input style="width: 80%;" type="text"/>

Workplace Wages	Workplace Tax Rate	Workplace Tax	Residence Tax
\$ <input style="width: 90%;" type="text"/>	<input style="width: 40%;" type="text"/> %	\$ <input style="width: 90%;" type="text"/>	\$ <input style="width: 90%;" type="text"/>

Municipality	Number of employees at year end
<input style="width: 90%;" type="text"/>	<input style="width: 80%;" type="text"/>

Workplace Wages	Workplace Tax Rate	Workplace Tax	Residence Tax
\$ <input style="width: 90%;" type="text"/>	<input style="width: 40%;" type="text"/> %	\$ <input style="width: 90%;" type="text"/>	\$ <input style="width: 90%;" type="text"/>

Municipality	Number of employees at year end
<input style="width: 90%;" type="text"/>	<input style="width: 80%;" type="text"/>

Workplace Wages	Workplace Tax Rate	Workplace Tax	Residence Tax
\$ <input style="width: 90%;" type="text"/>	<input style="width: 40%;" type="text"/> %	\$ <input style="width: 90%;" type="text"/>	\$ <input style="width: 90%;" type="text"/>

6

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

Total Workplace Wages	Total Workplace Tax	Total Residence Tax	
\$ <input style="width: 90%;" type="text"/>	\$ <input style="width: 90%;" type="text"/>	\$ <input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>

7

Total number of employees at year end

8

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.

9

\_\_\_\_\_

Signature Title Date

Print Name \_\_\_\_\_

Phone:

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