

| | | |
|---|---------------------------------|-------|
| Your social security number | Spouse's social security number | |
| Your first name and middle initial | Last name | |
| If a joint return, spouse's first name and middle initial | Last name | |
| CURRENT MAILING address (number and street) | | Apt # |
| City, state, and ZIP code | | |
| Daytime phone number | Evening phone number | |

Filing Status:

- Single or Married Filing Separately
 Joint

If you have an EXTENSION check here and attach a copy: EXTENSION

If this is an AMENDED return, check here:
 In the space provided below, state why you are filing an AMENDED return. Attach an explanation if you require additional space.

Residency Status in RITA Municipalities:

- Full-Year Part-Year Non-Resident

City/Village/Township of Residence - Required

In the boxes below, indicate the physical location of your residence(s) for all of 2016. This may be different from your mailing address. If you moved during 2016, list the effective date, city/village/township and address in the appropriate boxes. **Why?** Mailing address does not always correspond to the city/village/township in which you live. This required information determines the appropriate taxing jurisdiction for municipal income tax purposes. If you moved more than once, supply the additional information on a separate sheet.

| Effective Date | City/Village/Township | Address |
|----------------|-----------------------|---------|
| 1/1/2016 | | |
| | | |

Section A

List all income from W-2 wages and W-2G winnings reported in 2016 and the amount of local/city tax withheld while living in a RITA municipality. In general, unless you moved into or out of a RITA municipality during the year, your taxable wages cannot be less than Medicare wages (Box 5 of your W-2). List all tax withheld for your resident municipality in Column 3 only (even if you worked in the municipality where you lived). In Column 4, indicate the name of the municipality in which you physically worked. This may be different from the employer's address shown on the W-2. If you did not work in a city or village enter "None" in Column 4. **DO NOT ENTER SCHOOL DISTRICT TAX IN COLUMNS 2 or 3.**

| Paperclip Local/City copy of W-2/W-2G Forms and Check or Money Order Here Do not use staples, tape or glue | Column 1 | Column 2 | Column 3 | Column 4 | Column 5 | Column 6 | | |
|---|---|--|---|---|---|-------------------------|-----------------------|----------------------|
| | W-2/W-2G Income (see instructions for qualifying wages) | Local/City Tax Withheld for Workplace/Winning Municipality | Local/City Tax Withheld for Resident Municipality | Workplace/Winning Municipality (City or village where you worked) | Resident Municipality (City or village where you lived) | Dates Wages Were Earned | | Date of winnings |
| | | | | | | From Date MM/DD/YY | Thru Date MM/DD/YY | Date Won MM/DD/YY |
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For Full or Part Year Residents in RITA Municipalities - Enter Section A, Column 1 Total onto Page 2, Line 1a; enter Column 2 Total onto Page 2, Line 4a; and enter Column 3 Total onto Page 2, Line 7a. For **Non-Residents** required to file on workplace wages - Go to Page 3, Schedule K, Line 33 to calculate tax due.

Totals



Tax balances are due by April 18, 2017. Submitting an incomplete form could subject you to penalty and interest if a tax balance is due. If you want RITA to calculate your taxes, please use the online eFile system at www.ritaohio.com. It is easy to use, secure and will calculate your taxes immediately.

Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of municipal taxable income I received during the tax year.

Your Signature _____ Date _____
 Spouse's Signature if a joint return _____ Date _____

Preparer's Name (Please Print) _____ Date _____
 Preparer's Signature _____ ID Number _____

May RITA discuss this return with the preparer shown above? Yes No Preparer Phone #: _____

Filing is mandatory for most residents: see "Filing Requirements" on page 1 of the Instructions for Form 37 exemptions.

Section B

For NON W-2/ Schedule income
see Pages 3-4 before starting Section B.

Withheld taxes
shown on your W-2 forms are reported on either Line 4a or 7a.

If your resident city/village has a **Credit Rate of 0%**; enter -0- on Line 5b through Line 6 and go to **Line 7a**. You do not need to complete the **Credit Rate Worksheet**.

Refunds:
To avoid delays in processing your refund, mail your return to the PO BOX address listed in the lower right hand corner of this page.
Refunds of tax withheld from your wages must be applied for on Form 10A.
Download Form 10A at www.ritaohio.com

| | | | | |
|-------------|--|------------|--|-----------|
| 1 a | Total W-2/W-2G income from Page 1, Section A, Column 1. | 1a | | |
| b | Total self-employment, rental, partnership, and (if applicable) S-Corp. income as well as any other taxable income from Page 3, Schedule J, Line 28, Column 7. If less than zero, enter -0-. | 1b | | |
| 2 | Total taxable income. Add Lines 1a and 1b. | 2 | | |
| 3 | Multiply Line 2 by the tax rate of your resident municipality from the tax table. Enter the tax rate of your resident municipality here: _____ | | | 3 |
| 4 a | Tax withheld for all municipalities other than your municipality of residence from Page 1, Section A, Column 2. Do not enter estimated tax payments. | 4a | | |
| b | Direct payments from Page 3, Schedule K, Line 36. Do not enter tax withheld from your wages and/or estimated tax payments on this line. | 4b | | |
| 5 a | Add Lines 4a and 4b. | 5a | | |
| b | Total tentative credit from Credit Rate Worksheet, Column E located at the bottom of this page . Your resident municipality's credit rate: _____ | 5b | | |
| c | Enter the smaller of Line 5a or Line 5b. | 5c | | |
| 6 | Multiply Line 5c by the credit factor of your resident municipality from the tax table. Your resident municipality's credit factor: _____ | 6 | | |
| 7 a | Tax withheld for your resident municipality from Page 1, Section A, Column 3. Do not enter estimated tax payments (see instructions). | 7a | | |
| b | Tax paid by your partnership/S-Corp. to any RITA municipality (see instructions) | 7b | | |
| 8 | Total credits allowable. (Add Lines 6, 7a, and 7b.) | | | 8 |
| 9 | Subtract Line 8 from Line 3. | 9 | | |
| 10 | Tax on non-withheld wages from Page 3, Schedule K, Line 33. | 10 | | |
| 11 | Tax on Schedule J Income from Page 3, Line 32, Column 7. | 11 | | |
| 12 | TAX DUE RITA AFTER WITHHOLDING. Add Lines 9, 10 and 11. If less than zero, enter -0- and file Form 10A (see instructions). ▶ | | | 12 |
| 13 | 2016 Estimated Tax Payments made to RITA. Do not enter tax withheld from your W-2s. Only include payments made for the 2016 tax year. | 13 | | |
| 14 | Credit carried forward from 2015. | 14 | | |
| 15 | TOTAL CREDITS. Add Lines 13 and 14. | | | 15 |
| 16 | Balance Due. If Line 15 is less than Line 12, subtract Line 15 from Line 12. If the amount is \$10 or less, enter -0-. ▶ | | | 16 |
| 17 | If Line 15 is GREATER than 12, subtract Line 12 from Line 15 and enter OVERPAYMENT . | | | 17 |
| 18 | Amount you want credited to your 2017 estimated tax . | 18 | | |
| 19 | Amount to be refunded . You may not split an overpayment between a refund and a credit. Amounts \$10 or less will not be refunded. Allow 90 days for your refund. | 19 | | |
| 20 a | Enter 2017 estimated tax in full (see instructions). Estimates are due 4/18/17, 6/15/17, 9/15/17 and 12/15/17. ▶ | 20a | | |
| b | Enter first quarter estimate (1/4 of Line 20a). | 20b | | |
| 21 | Subtract Line 18 from Line 20b. | | | 21 |
| 22 | TOTAL DUE by April 18, 2017. Add Lines 16 and 21. | | | 22 |

Estimated Taxes (Line 20a): If your estimated tax liability is \$200 or more, you are required to make quarterly payments of the anticipated tax due. If your estimated tax payments are not 90% of the tax due or not equal to or greater than your prior year's total tax liability, you may be subject to penalty and interest. You may use the amount on Line 12 as your estimate or use Worksheet 2 in the instructions to calculate your estimate. **Note:** If Line 20a is left blank, RITA will calculate your estimate.

Credit Rate Worksheet:

| A Wages/Income earned outside of resident municipality | B Credit Rate for resident municipality from tax table | C Maximum credit (multiply Column A by Column B) | D Workplace tax withheld/paid | E Tentative Credit Enter lesser of Columns C or D |
|--|--|--|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Enter amount from WORKSHEET L, Row 12, Column 7 | | | | |
| Total Tentative Credit: Enter on Section B, Line 5b, above. | | | | |

Mail your return with W-2s and a copy of your federal schedules to:
With payment made payable to RITA:
Regional Income Tax Agency
PO Box 6600
Cleveland, OH 44101-2004
Without payment:
Regional Income Tax Agency
PO Box 94801
Cleveland, OH 44101-4801
Refund with an amount on Line 19:
Regional Income Tax Agency
PO Box 89409
Cleveland, OH 44101-6409

| SCHEDULE J | SUMMARY OF NON W-2 INCOME (For Columns 2-6, Enter City/Village/Township Where Earned) | | | | | | Note: Special Rules may apply for S-Corp. distributions. See RITA Municipalities at www.ritaohio.com . |
|--|---|------------------------|------------------------|------------------------|------------------------|------------------------|---|
| Print the name of each location (city/village/township) where income/loss was earned in the appropriate boxes. Please see Pages 5-6 of the Instructions. | COLUMN 1 RESIDENT MUNICIPALITY | COLUMN 2 LOCATION 2 | COLUMN 3 LOCATION 3 | COLUMN 4 LOCATION 4 | COLUMN 5 LOCATION 5 | COLUMN 6 LOCATION 6 | COLUMN 7 TOTAL |
| | 11 | 12 | 13 | 14 | 15 | 16 | |
| From Federal | 21 | 22 | 23 | 24 | 25 | 26 | |
| 23. SCHEDULE C Attached | | | | | | | |
| Rental Income/Loss | 31 | 32 | 33 | 34 | 35 | 36 | |
| 24. From SCHEDULE E Attached | | | | | | | |
| Partnership/S-Corp/Trust Income/Loss | 41 | 42 | 43 | 44 | 45 | 46 | |
| 25. From SCHEDULE E Attached | | | | | | | |
| All Other Taxable Income/Loss | 51 | 52 | 53 | 54 | 55 | 56 | |
| 26. Attach Schedule(s) | | | | | | | |
| 27. RESIDENT MUNICIPALITY LOSS CARRY FORWARD | 71 () | | | | | | FOR LINE 28 BELOW: ADD COLUMNS 1-6, ENTER ON PAGE 2, SECTION B, LINE 1b. |
| 28. CURRENT YEAR WORKPLACE INCOME (Total Lines 23-27) | 61 | 62 | 63 | 64 | 65 | 66 | |
| Calculate tax due on workplace income: | | 72 | 73 | 74 | 75 | 76 | |
| 29. LESS LOSS CARRY FORWARD | | () | () | () | () | () | |
| 30. NET TAXABLE WORKPLACE INCOME (Line 28 minus Line 29) | | 82 | 83 | 84 | 85 | 86 | |
| 31. FOR EACH RITA MUNICIPALITY LISTED IN COLUMNS 2-6 - ENTER THE TAX RATES. Note: If Line 30 is less than zero, do NOT enter tax rate. | | | | | | | FOR LINE 32 BELOW: ADD COLUMNS 2-6, ENTER ON PAGE 2, SECTION B, LINE 1f. |
| 32. MUNICIPAL TAX DUE TO EACH RITA MUNICIPALITY Note: If amounts in Columns 2-6 are \$10 or less, enter -0-. Do NOT include NON-RITA Municipalities. | | | | | | | |

Note: If you are a resident of a RITA municipality – please go to Page 4 for **WORKSHEET L** to allocate income/loss and calculate potential credit for your resident municipality.

| | |
|-------------------|--|
| SCHEDULE K | To complete Schedule K, see page 6 of the instructions. If additional space is needed, use a separate sheet. |
|-------------------|--|

33. W-2 WAGES EARNED IN A RITA MUNICIPALITY OTHER THAN YOUR RESIDENCE MUNICIPALITY AND FROM WHICH NO MUNICIPAL INCOME TAX WAS WITHHELD BY EMPLOYER. Complete lines below.

| Wages | Municipality | Tax Rate (see instructions) | Tax Due |
|-------|--------------|--------------------------------|---------|
| | | | |
| | | | |

Add Tax Due Column, enter total here AND on Page 2, Section B, Line 10. 33. _____

34. W-2 WAGES EARNED IN A NON-RITA TAXING MUNICIPALITY AND FROM WHICH NO MUNICIPAL INCOME TAX WAS WITHHELD BY EMPLOYER. ONLY USE THIS SECTION IF YOU HAVE FILED AND PAID THE TAX DUE TO YOUR WORKPLACE MUNICIPALITY. PROOF OF PAYMENT MAY BE REQUIRED. Complete lines below.

| Wages | Municipality | Tax Rate (see instructions) | Tax Due |
|-------|--------------|--------------------------------|---------|
| | | | |
| | | | |

Add Tax Due Column, enter total here. 34. _____

ENTER the amount from WORKSHEET L, Row 9, Column 7. 35. _____

Add Lines 33-35. Enter total on Page 2, Section B, Line 4b. 36. _____

| WORKSHEET L INCOME/LOSS ALLOCATION | | RITA RESIDENTS ONLY Use this to allocate income/loss and calculate potential credit for resident municipality. | | | | | | |
|--|---|--|------------------------|------------------------|------------------------|------------------------|--|--|
| Print the name of each location (city/village/township) listed from SCHEDULE J, COLUMNS 1-6 Please see Pages 5-6 of the Instructions. | COLUMN 1 RESIDENT MUNICIPALITY | COLUMN 2 LOCATION 2 | COLUMN 3 LOCATION 3 | COLUMN 4 LOCATION 4 | COLUMN 5 LOCATION 5 | COLUMN 6 LOCATION 6 | COLUMN 7 TOTALS | |
| Enter CURRENT YEAR WORKPLACE INCOME From SCHEDULE J, Line 28 | | | | | | | | |
| 1. Columns 1-6: If CURRENT YEAR WORKPLACE INCOME is a gain , enter in each column and total across. | | | | | | | | |
| 2. Columns 1-6: If CURRENT YEAR WORKPLACE INCOME is a loss , enter in each column and total across. | | | | | | | | |
| 3. Compute GAIN Percentage : Divide each amount in Row 1, Columns 1-6 by the total in Row 1, Column 7 and enter the percentage. | % | % | % | % | % | % | | |
| 4. Allocate Total Loss by GAIN Percentage : Multiply the total loss from Row 2, Column 7 by the percentage(s) in Row 3. | | | | | | | | |
| 5. Subtract Row 4 from Row 1. | | | | | | | | |
| 6. Enter NET TAXABLE WORKPLACE INCOME from SCHEDULE J, Line 30 . | | | | | | | | |
| 7. Enter the lesser of Row 5 or Row 6 above. If amount is less than zero, enter -0-. | | | | | | | | |
| 8. For Columns 2-6, enter tax rate for workplace municipality listed. | Rows 8-9: Calculate the tax due on Non-W2 workplace income | | | | | | Enter amount from Row 9, Col 7 below on Page 3, Schedule K, Line 35 | |
| 9. Multiply Row 6 by Row 8. If the result is \$10 or less, enter -0- on Row 9. If greater than \$10 - multiply Row 7 by Row 8 and enter the result on Row 9. | | | | | | | | |
| 10. If amount in Row 9 is greater than zero, enter the amount from Row 7. | | Rows 10-11: Get credit for the tax paid in Row 9, Column 7 | | | | | | |
| 11. Multiply Row 10 by the Credit Rate of the resident municipality. The resident municipality's credit rate: _____ | | | | | | | Enter amount from Row 12, Col 7 below on Page 2, Credit Rate Worksheet | |
| 12. Enter the lesser of Row 9 or Row 11 above. | | | | | | | | |