

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-MISC 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"/> 0.00	\$ <input type="text"/> 0.00	\$ <input type="text"/> 0.00

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

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

Fed. ID #:

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Municipality Number of employees at year end

Workplace Wages Workplace Tax Rate % Workplace Tax Residence Tax

Municipality Number of employees at year end

Workplace Wages Workplace Tax Rate % Workplace Tax Residence Tax

Municipality Number of employees at year end

Workplace Wages Workplace Tax Rate % Workplace Tax Residence Tax

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Workplace Wages Workplace Tax Rate % Workplace Tax Residence Tax

Municipality Number of employees at year end

Workplace Wages Workplace Tax Rate % Workplace Tax Residence Tax

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

Total Workplace Wages 0.00 Total Workplace Tax 0.00 Total Residence Tax 0.00 Total number of employees at year end 0

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Total number of employees at year end

8 Note: If you file a Form 17 as a professional employer organization (PEO), common pay master, co-employer, or other agent providing payroll services to unrelated third party employers, including, but not limited to, clients, subsidiaries, other companies, etc., you must also provide specific information on each of these employers. Use Schedule R-17 to report for each employer EIN and Name and to allocate the Workplace Wages, Workplace Tax Withheld, Residence Tax Withheld and RITA Municipality.

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