Regional Income Tax Agency

RITA Employer's Municipal Tax Withholding Statement

Easy, Fast, Free & Secure

## RITA's eFile

www.ritaohio.com

Contact us toll free:
Cleveland 1.800.860.7482
Columbus 1.866.721.7482
Youngstown 1.866.750.7482
TDD 1.440.526.5332
Fax 1.440.922.3536

SECTION

FOR THE PERIOD	1. TOTAL WAGES SUBJECT TO WORKPLACE TAX \$		
то	2. TOTAL AMOUNT OF WORKPLACE TAX WITHHELD \$		
DUE ON OR BEFORE	3. TOTAL AMOUNT OF		
FED. ID #:	RESIDENCE TAX WITHHELD \$		
NAME:	4. TOTAL AMOUNT DUE AND PAID \$		
NAME:	MAKE CHECK PAYABLE TO: RITA CHECK #:		
ADDRESS #: SUITE: SUITE:	I HAVE EXAMINED THIS RETURN AND TO THE BEST OF MY KNOWLEDGE IT IS CORREC		
STREET NAME:	SIGNATURE		
CITY:	PRINT NAME DATE		
STATE: ZIP CODE:	IIILE DATE		
	PHONE NUMBER		
SECTION B MUST BE COMPLETED. SECTION A MUST EQUAL SECTION B. NEGATIVE AMOUNTS ARE NOT ACCEPTABLE.	CHECK HERE IF YOU HAVE ANY CHANGES TO YOUR DISTRIBUTION AND COMPLETE SECTION B ON THIS FORM.		
MUNICIPALITY WORKPLACE WAGES	WORKPLACE WORKPLACE RESIDENCE TAX TAX RATE TAX WITHHELD WITHHELD		
	%		
	%%		
	%		
	%		
	%		
	%		
	%		

## SECTION B

MUNICIPALITY	WORKPLACE WAGES	WORKPLACE TAX RATE	WORKPLACE TAX WITHHELD	RESIDENCE TAX WITHHELD
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