

FOR CALENDAR YEAR

OR FISCAL YEAR BEGINNING

AND ENDING

The federal return **MUST** be attached to be considered a complete tax return. Please also attach all applicable schedules and 1099-NEC to avoid delays.

Check if:

Initial RITA Return

No longer in RITA

Extension

Amended Return

Out of Business

Consolidated Return (Attach Form 851)

Alternate Method

Federal Business Activity Code #

Consolidated filer with 80% ownership of a Pass-Through Entity (see Instructions, Page 3)

Business Activity

BUSINESS:

C CORPORATION

PARTNERSHIP

LLC

SMALL EMPLOYER:

ORC 718.021 ELECTION:

S CORPORATION

ESTATE

TRUST

Company Name

Federal Identification Number:

Address #

Street

Suite #

City

State

Zip Code

1.	INCOME PER ATTACHED FEDERAL RETURN (per attached Federal Form 1120 (Line 28), 1120S (Sch. K - Line 18), 990T (Line 30), 1065 (Sch. K - Analysis of Net Income (Loss), Page 6 - Line 1), 1041 (Line 17) or the equivalent)	1	.00
2.	A. ITEMS NOT DEDUCTIBLE (from Page 3, Schedule X, Line G)	Add 2A	.00
	B. ITEMS NOT TAXABLE (from Page 3, Schedule X, Line Q)	Deduct 2B	.00
	C. ENTER EXCESS OF LINE 2A OR 2B	2C	.00
3.	A. ADJUSTED FEDERAL TAXABLE INCOME (Line 1 plus or minus Line 2C)	▶ 3A	.00
	B. CHECK THE BOX WHEN USING DIFFERENT NET OPERATING LOSS AMOUNTS FOR DIFFERENT MUNICIPALITIES AND ATTACH YOUR NET OPERATING LOSSES WORKSHEET. SEE FORM 27 INSTRUCTIONS FOR 3Bii THROUGH LINE 4.	▶ 3B	
	i. THIS LINE INTENTIONALLY LEFT BLANK		
	ii. PRE-APPORTIONED LOSSES FROM TAX YEARS BEGINNING ON OR AFTER 1/1/18 UTILIZED IN THIS TAX YEAR	▶ 3B(ii)	.00
	iii. Income/Loss Subject to Apportionment (Line 3A less Line 3B(ii))	▶ 3B(iii)	.00
	C. PERCENTAGE ALLOCABLE TO RITA If Schedule Y, Page 4 is used	3C	%
4.	AMOUNT SUBJECT TO MUNICIPAL INCOME TAX (Line 3b(iii) multiplied by 3C (%))	▶ 4	.00
5.	MUNICIPAL INCOME TAX DUE (see Instructions) NOTE: Must equal Schedule B on Page 2	▶ 5	.00
6.	A. PAYMENTS ON DECLARATIONS OF ESTIMATED MUNICIPAL INCOME TAX	6A	.00
	B. AMOUNT OF PREVIOUS YEAR CREDIT	6B	.00
	C. TOTAL CREDITS ALLOWABLE (Line 6A + 6B)	▶ 6C	.00
7.	A. BALANCE DUE (Line 5 less Line 6C) AMOUNT PAYABLE TO RITA MUST ACCOMPANY THIS FORM	▶ 7A	.00
	B. OVERPAYMENT CLAIMED (If Line 6C exceeds Line 5 enter difference here and check the desired box)	7B	.00
	(Cannot be split between refund and credit) Refund Credit		

FORM 27**SCHEDULE B - DISTRIBUTION OF TAX WITHIN RITA MUNICIPALITIES**

TOTAL TAX DISTRIBUTED BELOW MUST EQUAL AMOUNT FROM PAGE 1, LINE 5

Note: For each separate municipality listed below, if Tax Due is \$10 or less, enter -0-.

(if more space is needed, attach additional schedule)

Municipality Name	Taxable Income / Loss	Tax Rate	Tax Due
<input type="text"/>	<input type="text"/> .00	<input type="text"/> .%	<input type="text"/> .00
<input type="text"/>	<input type="text"/> .00	<input type="text"/> .%	<input type="text"/> .00
<input type="text"/>	<input type="text"/> .00	<input type="text"/> .%	<input type="text"/> .00

COMPUTATION OF ESTIMATED TAX**ESTIMATED TAX DISTRIBUTION TOTAL TO LINE 8A**

(if more space is needed, attach additional schedule)

Municipality Name	Taxable Income / Loss	Tax Rate	Tax Due
<input type="text"/>	<input type="text"/> .00	<input type="text"/> .%	<input type="text"/> .00
<input type="text"/>	<input type="text"/> .00	<input type="text"/> .%	<input type="text"/> .00
<input type="text"/>	<input type="text"/> .00	<input type="text"/> .%	<input type="text"/> .00

8. A. ESTIMATED TAX (from distribution above) ▶ 8A .00
 (IF LINE 8A IS LEFT BLANK AN ESTIMATE WILL BE CREATED FOR YOU BASED
 ON YOUR PRIOR YEAR'S TAX LIABILITY AND MUNICIPAL DISTRIBUTION)
- B. CREDIT (if any) FROM PRIOR YEAR (7B) 8B .00
- C. LINE 8A LESS LINE 8B 8C .00
- D. AMOUNT PAID: Total AMOUNT DUE and based on when the return is filed at least
 1/4 of estimated tax due, less any CREDIT. Estimated tax payments are due on the
 fifteenth (15th) day of the fourth (4th), sixth (6th) ninth (9th) and twelfth (12th) months
 of each fiscal year. 8D .00
9. TOTAL OF 7A + 8D 9 .00

MAKE CHECKS PAYABLE TO RITA

The federal return **MUST** be attached to be considered a complete tax return. In order to avoid processing delays and notices from RITA, please also attach all applicable schedules and 1099-NEC.

I CERTIFY I HAVE EXAMINED THIS RETURN, INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT, COMPLETE, AND THAT THE FIGURES USED HEREIN ARE THE SAME AS USED FOR FEDERAL INCOME TAX PURPOSES.

SIGNATURE OF OFFICER OR PARTNER

PREPARER'S SIGNATURE

PRINT NAME

PRINT NAME

PREPARER'S ADDRESS

TITLE

PHONE

DATE

PREPARER'S PHONE

FIRM NAME

May RITA discuss this return with the preparer shown above?

Yes

No

REMIT RETURN WITH REFUND TO:
 REGIONAL INCOME TAX AGENCY
 P.O. BOX 94652
 CLEVELAND, OH 44101-4652
 ritaohio.com

REMIT RETURN WITH PAYMENT TO:
 REGIONAL INCOME TAX AGENCY
 P.O. BOX 94582
 CLEVELAND, OH 44101-4582

REMIT RETURN WITHOUT PAYMENT
 TO: REGIONAL INCOME TAX AGENCY
 P.O. BOX 89475
 CLEVELAND, OH 44101-6475

SCHEDULE X – ADJUSTMENT TO FEDERAL INCOME TAX RETURN **(attach supporting statement for line items utilized below)**

ITEMS NOT DEDUCTIBLE

A. LOSSES THAT DIRECTLY RELATE TO THE SALE, EXCHANGE, OR OTHER DISPOSITION OF AN ASSET DESCRIBED IN 1221 OR 1231 OF THE IRC	<input type="text"/>	.00
B. TAXES BASED ON INCOME	<input type="text"/>	.00
C. 5% OF THE AMOUNT DEDUCTED AS INTANGIBLE INCOME EXCLUDING THE PORTION DIRECTLY RELATED TO THE SALE, EXCHANGE, OR OTHER DISPOSITION OF PROPERTY DESCRIBED IN 1221 OF THE IRC	<input type="text"/>	.00
D. AMOUNTS PAID OR ACCRUED TO QUALIFIED SELF-EMPLOYED RETIREMENT AND HEALTH AND LIFE INSURANCE PLANS FOR OWNERS OR OWNER-EMPLOYEES OF NON-C CORPORATION ENTITIES	<input type="text"/>	.00
E. REIT'S AND RIC'S - ALL AMOUNTS WITH RESPECT TO DIVIDENDS, DISTRIBUTIONS, OR AMOUNTS SET ASIDE FOR OR CREDITED TO THE BENEFIT OF INVESTORS AND ALLOWED AS A DEDUCTION	<input type="text"/>	.00
F. OTHER: (ATTACH EXPLANATION)	<input type="text"/>	.00
	<input type="text"/>	.00
G. TOTAL ADDITIONS (ENTER ON PAGE 1, LINE 2A)	<input type="text"/>	.00

ITEMS NOT TAXABLE

N. INCOME AND GAINS - FEDERALLY REPORTED INCOME AND GAINS FROM IRC 1221 OR 1231 PROPERTY DISPOSITIONS EXCEPT TO THE EXTENT THE INCOME AND GAINS APPLY TO THOSE DESCRIBED IN 1245 OR 1250 OF THE IRC	<input type="text"/>	.00
O. INTANGIBLE INCOME SUCH AS INTEREST, DIVIDEND, PATENT, AND COPYRIGHT INCOME ALSO INCLUDE ROYALTY INCOME EXCEPT ROYALTIES DERIVED FROM INTEREST IN LAND (i.e. OIL AND GAS RIGHTS, ETC.)	<input type="text"/>	.00
	<input type="text"/>	.00
P. OTHER: PASS-THROUGH INCOME (LOSS)	<input type="text"/>	.00
	<input type="text"/>	.00
Q. TOTAL DEDUCTIONS (ENTER ON LINE 2B)	<input type="text"/>	.00

AFTI WORKSHEET **ADJUSTED FEDERAL TAXABLE INCOME** For use by taxpayers that are NOT C Corporations

- (1) Federal Form 1120S (S Corporations) - Sch. K - Line 18
- (2) Federal Form 1065 (Partnerships, LLC's, LLP's) - Sch. K - Analysis of Net Income (Loss), Page 6 - Line 1
- (3) Federal Form 1041 (Estates, Trusts) - Page 1 - Line 17

	Form 1120S	Form 1065	Form 1041
a) From Federal Return (above)	\$	\$	\$
b) Excess 179 Deduction / Carryover			
c) Charitable Contribution - In Excess of 10% Limitation			
d) Other: _____			
e) "ADJUSTED FEDERAL TAXABLE INCOME"	\$	\$	\$

SCHEDULE Y - BUSINESS APPORTIONMENT FORMULA (See Instructions)

ORC 718.021 ELECTION to apportion to qualifying reporting location. This box is checked from page 1.

	A. LOCATED EVERYWHERE	B. RITA MUNICIPALITY	C. PERCENTAGE (B / A)
STEP 1. AVERAGE ORIGINAL COST OF REAL & TANGIBLE PERSONAL PROPERTY	\$ _____	\$ _____	
GROSS ANNUAL RENTALS MULTIPLIED BY 8.....	\$ _____	\$ _____	
TOTAL OF STEP 1.....	\$ _____	\$ _____	_____ %
STEP 2. TOTAL WAGES, SALARIES, COMMISSION AND OTHER COMPENSATION PAID TO ALL EMPLOYEES.....	\$ _____	\$ _____	_____ %
STEP 3. GROSS RECEIPTS FROM SALES AND WORK OR SERVICES PERFORMED	\$ _____	\$ _____	_____ %
STEP 4. TOTAL OF PERCENTAGES.....			_____ %
STEP 5. AVERAGE PERCENTAGE (DIVIDE TOTAL PERCENTAGES BY NUMBER OF PERCENTAGES USED)			_____ %

	A. LOCATED EVERYWHERE	B. RITA MUNICIPALITY	C. PERCENTAGE (B / A)
STEP 1. AVERAGE ORIGINAL COST OF REAL & TANGIBLE PERSONAL PROPERTY	\$ _____	\$ _____	
GROSS ANNUAL RENTALS MULTIPLIED BY 8.....	\$ _____	\$ _____	
TOTAL OF STEP 1.....	\$ _____	\$ _____	_____ %
STEP 2. TOTAL WAGES, SALARIES, COMMISSION AND OTHER COMPENSATION PAID TO ALL EMPLOYEES.....	\$ _____	\$ _____	_____ %
STEP 3. GROSS RECEIPTS FROM SALES AND WORK OR SERVICES PERFORMED	\$ _____	\$ _____	_____ %
STEP 4. TOTAL OF PERCENTAGES.....			_____ %
STEP 5. AVERAGE PERCENTAGE (DIVIDE TOTAL PERCENTAGES BY NUMBER OF PERCENTAGES USED)			_____ %

	A. LOCATED EVERYWHERE	B. RITA MUNICIPALITY	C. PERCENTAGE (B / A)
STEP 1. AVERAGE ORIGINAL COST OF REAL & TANGIBLE PERSONAL PROPERTY	\$ _____	\$ _____	
GROSS ANNUAL RENTALS MULTIPLIED BY 8.....	\$ _____	\$ _____	
TOTAL OF STEP 1.....	\$ _____	\$ _____	_____ %
STEP 2. TOTAL WAGES, SALARIES, COMMISSION AND OTHER COMPENSATION PAID TO ALL EMPLOYEES.....	\$ _____	\$ _____	_____ %
STEP 3. GROSS RECEIPTS FROM SALES AND WORK OR SERVICES PERFORMED	\$ _____	\$ _____	_____ %
STEP 4. TOTAL OF PERCENTAGES.....			_____ %
STEP 5. AVERAGE PERCENTAGE (DIVIDE TOTAL PERCENTAGES BY NUMBER OF PERCENTAGES USED)			_____ %

TOTAL Sum all STEP 5 percentages for each municipality, enter on Page 1, Line 3C _____ %

SCHEDULE Y-1: RECONCILIATION OF SCHEDULE Y WAGES TO WITHHOLDING RETURNS

1. Total workplace RITA wages shown on your withholding tax returns filed for the year covered by this return. \$ _____
2. Attach explanation of any difference between total wages remitted and total wages shown on Schedule Y above.
3. Provide the Company Name and Federal Identification Number under which the withholding tax was remitted, if different than information on page 1.

Company Name _____

Federal Identification Number _____

SCHEDULE Z: PASS-THROUGH DISTRIBUTIVE SHARES OF NET INCOME

Attach a schedule of each partner's/shareholder's name, social security number, distributive share, guaranteed payments (if applicable) and ownership percentage.

SCHEDULE ZZ: CONSOLIDATED RETURN INFORMATION

If filing a consolidated return, you must attach Federal Form 851 or a schedule listing each name, address and employer identification number.