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Form **27**

Regional Income Tax Agency

RITA Net Profits Tax Return

RITA's eFile
Easy, Fast, Free & Secure
www.ritaohio.com

Contact us toll free:
Cleveland 800.860.7482
Columbus 866.721.7482
Youngstown 866.750.7482
TDD 440.526.5332
Fax 440.922.3536

FOR CALENDAR YEAR ____ OR FISCAL YEAR BEGINNING ____ AND ENDING ____

The federal return with applicable schedules and 1099's **MUST** be attached to be considered a complete tax return.

Check if:
- ☐ Initial RITA Return
- ☐ Amended Return
- ☐ Consolidated Return (Attach Form 851)
- ☐ Moved out of RITA ____
- ☐ Out of Business ____

BUSINESS:
- ☐ C CORPORATION
- ☐ S CORPORATION
- ☐ PARTNERSHIP
- ☐ ESTATE
- ☐ LLC
- ☐ TRUST

Federal Business Activity Code # ____

Business Activity ____

Company Name ____ Federal Identification Number ____

Address # ____ Street ____ Suite # ____

City ____ State ____ Zip Code ____

1. ADJUSTED FEDERAL TAXABLE INCOME (per attached Federal Form 1120 (Line 28), 1120S (Sch. K - Line 18), 990T (Line 30), 1065 (Sch. K - Analysis of Net Income (Loss), Page 5 - 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 NET PROFIT / LOSS (Line 1 plus or minus Line 2C) if Schedule X is used	3A	.00
B. AMOUNT ALLOCABLE TO RITA If Schedule Y, Page 4 is used ____ % of Line 3A	3B	.00
C. LESS ALLOWABLE NET LOSS Per previous Municipal Income Tax Returns (submit schedule) ⚠	► 3C	.00
4. **AMOUNT SUBJECT TO MUNICIPAL INCOME TAX** (Line 3A or 3B less Line 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 CREDITS	6B	.00
C. TOTAL CREDITS ALLOWABLE (Line 6A + 6B)	► 6C	.00
7. A. **BALANCE DUE** (Line 5 less Line 6C) **REMITTANCE PAYABLE TO RITA MUST ACCOMPANY THIS FORM** CHECK #: _____	► 7A	.00
B. **OVERPAYMENT CLAIMED** (if Line 6C exceeds Line 5 enter difference here and check the desired box)	7B	.00

Refund ..... ☐

(Overpayments cannot be split between refund and credit)

Credit ..... ☐

FORM 27

SCHEDULE B - DISTRIBUTION OF TAX WITHIN RITA MUNICIPALITIES

TOTAL TAX DISTRIBUTED BELOW MUST EQUAL AMOUNT FROM PAGE 1, LINE 5
(if more space is needed, attach additional schedule)

Municipality Name	Taxable Income / Loss	Tax Rate	Tax Due
	.00	.%	.00
	.00	.%	.00
	.00	.%	.00

COMPUTATION OF ESTIMATED TAX

ESTIMATED TAX DISTRIBUTION FROM LINE 8A

(if more space is needed, attach additional schedule)

Municipality Name	Taxable Income / Loss	Tax Rate	Tax Due
	.00	.%	.00
	.00	.%	.00
	.00	.%	.00

8. A. ESTIMATED TAX (from distribution above)	► 8A	.00
B. CREDIT (if any) FROM PRIOR YEAR (7B)	8B	.00
C. LINE 8A LESS LINE 8B	8C	.00
D. AMOUNT PAID (not less than 1/4 of estimated tax) (IF LINE 8A IS LEFT BLANK AN ESTIMATE WILL BE CREATED FOR YOU BASED ON YOUR PRIOR YEAR'S TAX LIABILITY AND MUNICIPAL DISTRIBUTION)	8D	.00
9. TOTAL OF 7A + 8D	9	.00

MAKE CHECKS PAYABLE TO RITA

The federal return with applicable schedules and 1099's **MUST** be attached to be considered a complete tax return.

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

REGIONAL INCOME TAX AGENCY
P.O. BOX 89475
CLEVELAND, OH 44101-6475
WEB SITE: www.ritaohio.com

May RITA discuss this return with the preparer shown above?
☐ Yes ☐ No

FORM 27

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	.00
B.	TAXES BASED ON INCOME	.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	.00
D.	AMOUNTS PAID OR ACCRUED TO QUALIFIED SELF-EMPLOYED RETIREMENT, HEALTH AND LIFE INSURANCE PLANS FOR OWNERS OR OWNER-EMPLOYEES OF NON-C CORPORATION ENTITIES, OR SELF-EMPLOYMENT TAX	.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	.00
F.	OTHER: (ATTACH EXPLANATION)	.00
G.	TOTAL ADDITIONS (ENTER ON PAGE 1, LINE 2A)	.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	.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.)	.00
P.	OTHER : PASS-THROUGH INCOME (LOSS)	.00
Q.	TOTAL DEDUCTIONS (ENTER ON LINE 2B)	.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 5 - 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"**	$	$	$

FORM 27

SCHEDULE Y - BUSINESS APPORTIONMENT FORMULA (See Instructions)

		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 3B ______ %

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. Explanation of any difference between total wages remitted and total wages shown on Schedule Y above:

______

3. Provide the EIN, name, and address under which the withholding tax was remitted if different.

EIN: ______ Address: ______

Name: ______

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 taxable percentage.