

Form **37B**

Regional Income Tax Agency
RITA Individual Income Tax Return
 For use by taxpayers who **Did not move**, have **Only**
W-2 Income, and live in **Full Credit** municipalities

2014

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

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 home address (number and street)			Apt #
City, state, and ZIP code			
Daytime phone number		Municipality you lived in for the tax year	

Filing Status:
☐ Single or Married Filing Separately ³
☐ Joint ² ¹
 If you have an EXTENSION check here and Attach a copy: ☐ EXTENSION
 If this is an amended return, check here: ☐
 If you are exempt from filing, check this box and complete the back of this form: ☐

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

Section A

In Column A, put the actual name of the municipality (city or village) in which you and/or your spouse physically worked. If you did not work in a municipality, enter "None" in Column A. DO NOT enter school district tax in Column E.

Attach local/city copy of W-2 forms and Check or Money Order Here Please use a paperclip	Column A Workplace municipality (Name of city or village where you worked)	Column B Wages (Greater of Box 1, 5 or 18 from W-2)	Column C Tax Rate of resident municipality	Column D Tax due Before Withholding Multiply Column B times Column C	Column E Local/City Tax Withheld By Employer	Column F Allowable credit for Tax Withheld Lesser of Column D or Column E
Totals			Enter the total of Column B on Line 1 below, and enter the total of Column F on Line 3 below.			

STOP If you have income other than wages reported on a W-2 form, such as income from Schedule c, e or f, you can not use form 37B. Tax balances are due by April 15th, 2015. 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 on-line efile system at www.ritaohio.com. It is easy to use, secure and will calculate your taxes immediately. To manually calculate your taxes please continue.

Section B

1 Total W-2 wages from Section A, Column B	1
2 Tax due before withholding. Multiply Line 1 by your resident municipality tax rate from the tax table. Enter the tax rate of your resident municipality here: _____%	2
3 Total credit allowable for withholding from Section A, Column F	3
4 Tax due after withholding. Subtract Line 3 from Line 2. If less than zero, enter -0- and file Form 10A to claim your refund.	4
5 2014 estimated tax payments made to RITA by check, credit/debit card, or ePayment	5
6 Credit carried forward from 2014	6
7 Total estimated tax payments and credit carryovers (add lines 5 & 6)	7
8 Balance due. If Line 7 is less than Line 4, subtract Line 7 from Line 4	8
9 Amount to be credited. If Line 7 is greater than Line 4 and you want a credit, subtract Line 4 from Line 7. You may not split an overpayment between a credit and a refund.	9
10 Amount to be Refunded. If Line 7 is greater than Line 4 and you want a refund, subtract Line 4 from Line 7. You may not split an overpayment between a credit and a refund.	10
11 Enter 2015 estimated tax in full. If left blank, RITA will calculate for you.	11
12 Enter full estimate from Line 11 or first quarter estimate (1/4 of line 11) less credit, if any, from Line 9	12
13 Total Due by April 15, 2015. Add Lines 8 and 12. Make check payable to RITA.	13

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 _____	Preparer's Signature _____	Date _____
Spouse's Signature if a joint return _____	Date _____	Preparer's Address _____	Id Number _____

Mail with W2s and **payment** to:
 Regional Income Tax Agency
 PO Box 94652
 Cleveland, OH 44101-4652
 Mail with W2s and **without payment** to:
 Regional Income Tax Agency
 PO Box 94653
 Cleveland, OH 44101-4653
Refund with an amount on line 10:
 Regional Income Tax Agency
 PO Box 89409
 Cleveland, OH 44101-6409

Name of taxpayer(s) shown on page 1	Your social security number	Spouse's SSN if filing joint exemption	Year
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Declaration of Exemption

I am not reporting municipal (city or village) taxable income because:

☐ 1. I had no municipal taxable income for the year indicated above. Attach a copy of page 1 of your federal Form 1040, 1040A or 1040EZ. If you did not file a federal return because you did not meet the federal minimum gross income requirements, check here: ☐

☐ 2. I was a member of the armed forces of the United States and had no income for the year indicated above other than military pay, military allowances, interest income, and/or dividend income.

☐ 3. I was under 18 years of age for the entire year (or the appropriate age for my resident municipality as indicated on page 1 or see the RITA Member list at www.ritaohio.com for detailed municipality information regarding the appropriate age for your resident municipality).

Date of Birth

Mo	Day	Year
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☐ 4. I am a retired individual and received only pension, social security, interest and/or dividend income for the year indicated above. Attach a copy of page 1 of your federal Form 1040, 1040A or 1040EZ. If you did not file a federal return, attach a copy of your 1099-R or statement of Social Security Earnings.

Retirement Date

Mo	Day	Year
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☐ 5. Prior to the first day of the year indicated above, I moved out of a RITA municipality, and I had no rental or self-employment income earned in a RITA municipality during the year indicated above.

Date of Move

Mo	Day	Year
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Current Home Address (number and street)	City	State	Zip
Prior Home Address (number and street)	City	State	Zip

Date of Death

Mo	Day	Year
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☐ 6. The taxpayer indicated above is deceased. Indicate the date of death to the right.

☐ 7. I am not exempt from tax. However, I filed and reported my taxable income to RITA on a joint return filed with my spouse.

Spouse's name	Spouse's social security number
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☐ 8. I meet the requirements of the Military Spouse Residency Relief Act for the year indicated above. Attach copies of Form DD 2058, your valid military spouse ID card, and your spouse's most recent LES.

Address of legal domicile (number and street)	City	State	Zip
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Taxpayer's Signature

Under penalties of perjury, I declare that I have examined this Declaration of Exemption, and to the best of my knowledge and belief, it is true, correct and complete.

Your signature

Date

Spouse's signature if joint exemption

Date

Special Individual Notes

Each municipality has specific instructions or requirements for filing returns, reporting income and/or making estimated payments. Go to www.ritaohio.com for detailed information; click on the Municipalities link (top banner) and then click on RITA Member List link. Next, select the applicable municipality and click on the Individual Notes.