Regional Income Tax Agency

RITA Employer's Municipal Tax Withholding Statement

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

SECTION Α

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 \$			
ADDRESS #: SUITE:	MAKE CHECK PAYABLE TO: RITA CHECK #: I HAVE EXAMINED THIS RETURN AND TO THE BEST OF MY KNOWLEDGE IT IS CORRECT			
STREET NAME:	SIGNATURE			
	PRINT NAME			
CITY:	TITLE DATE			
STATE: ZIP CODE:	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			
	%			
	96			
	%			
	%			
	%			
	9%			
	%			
	%			
	%			
	9%			
	%			

SECTION B

MUNICIPALITY	WORKPLACE WAGES	WORKPLACE TAX RATE	WORKPLACE TAX WITHHELD	RESIDENCE TAX WITHHELD
		%		
		%		
		%		
		%		
		%		
		%		
		%		
		%		
		%		
		%		
		%		
		%		
		%		
		78		
		%		
		%		
		70		
		%		
		%		
		0/		
		70		
		%		
		%		
		%		
		— %		
		%		
		%		