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 750.7482
TDD 440.526.5332
Fax 440.922.3536

SECTION Α

FOR THE PERIOD	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 \$ MAKE CHECK PAYABLE TO: RITA CHECK #:				
ADDRESS#: SUITE:	I HAVE EXAMINED THIS RETURN AND TO THE BEST OF MY KNOWLEDGE IT IS CORRECT,				
STREET NAME:	SIGNATURE				
CITY:	PRINT NAME				
STATE: ZIP CODE:	TITLE 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				
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SECTION B

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