Form **17**

Regional Income Tax Agency

RITA Reconciliation of Income Tax Withheld and W-2 Transmittal

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

(1) Tax Year: [   ]

Due on or before the last day of February of the following year.

Fed. ID #: [   ]

Name: [   ]

Address #: [   ]   Suite: [   ]

Street Name: [   ]

City: [   ]

State: [   ]   Zip Code: [   ]

(3) Total number of W-2's enclosed: [   ]

Total number of 1099's enclosed: [   ]

Total number of employees working in a RITA member municipality(ies) at year end: [   ]

IF THIS IS AN AMENDED RETURN CHECK HERE ☐

OUT OF BUSINESS
[   ]

MOVED OUT OF RITA
[   ]

Period (2)	Workplace Wages	Workplace Tax Withheld	Residence Tax Withheld
January	$	$	$
February	$	$	$
March	$	$	$
April	$	$	$
May	$	$	$
June	$	$	$
July	$	$	$
August	$	$	$
September	$	$	$
October	$	$	$
November	$	$	$
December	$	$	$
Total (4)	$ 0.00	$ 0.00	$ 0.00

Totals must be distributed by municipality on Page 2 in Section 5.

(if additional space is needed, attach a separate schedule)

(5)

Municipality

Number of employees at year end

Workplace Wages	Workplace Tax Rate	Workplace Tax	Residence Tax
$	%	$	$

Municipality

Number of employees at year end

Workplace Wages	Workplace Tax Rate	Workplace Tax	Residence Tax
$	%	$	$

Municipality

Number of employees at year end

Workplace Wages	Workplace Tax Rate	Workplace Tax	Residence Tax
$	%	$	$

Municipality

Number of employees at year end

Workplace Wages	Workplace Tax Rate	Workplace Tax	Residence Tax
$	%	$	$

Municipality

Number of employees at year end

Workplace Wages	Workplace Tax Rate	Workplace Tax	Residence Tax
$	%	$	$

(6) TOTAL: Must equal totals on Page 1 from Section 4.   **(7)** Total number of employees at year end

Total Workplace Wages	Total Workplace Tax	Total Residence Tax	
$ 0.00	$ 0.00	$ 0.00	0

(8) Provide the EIN, Name, Municipality, Workplace Wages, & Workplace Tax under which the withholding tax was remitted if different.

EIN: _____ Name: _____

Municipality: _____ Workplace Wages: _____ Workplace Tax: _____

I have examined this return and to the best of my knowledge it is correct.

(9)

Signature   Title   Date

_____
Print Name

Phone: [   ]

Remit to: REGIONAL INCOME TAX AGENCY - P.O. BOX 477900
BROADVIEW HEIGHTS, OH 44147-7900

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