PRINT FORM | RESET FORM | OPEN BLANK FORM

Form **11**

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

FOR THE PERIOD

TO

DUE ON OR BEFORE

FED. ID #:

NAME:

ADDRESS #: SUITE:

STREET NAME:

CITY:

STATE: ZIP CODE:

SECTION A

1. TOTAL WAGES SUBJECT TO WORKPLACE TAX $
2. TOTAL AMOUNT OF WORKPLACE TAX WITHHELD $
3. TOTAL AMOUNT OF RESIDENCE TAX WITHHELD $
4. TOTAL AMOUNT DUE AND PAID $

MAKE CHECK PAYABLE TO: RITA CHECK #: _____

I HAVE EXAMINED THIS RETURN AND TO THE BEST OF MY KNOWLEDGE IT IS CORRECT.

SIGNATURE

PRINT NAME _____

TITLE _____ DATE _____

PHONE NUMBER

SECTION B

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 TAX RATE	WORKPLACE TAX WITHHELD	RESIDENCE TAX WITHHELD
		%		
		%		
		%		
		%		
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		%		
		%		
		%		
		%		
		%		
		%		
		%		
		%		

REGIONAL INCOME TAX AGENCY
P.O. BOX 94736 CLEVELAND, OH 44101-4736

SECTION B

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