

**SECTION
A**

FOR THE PERIOD

TO

DUE ON OR BEFORE

FED. ID #:

NAME:

ADDRESS #:

SUITE:

STREET NAME:

CITY:

STATE:

ZIP CODE:

1. TOTAL WAGES SUBJECT
TO WORKPLACE TAX2. TOTAL AMOUNT OF
WORKPLACE TAX WITHHELD3. 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 WITHHELDRESIDENCE TAX
WITHHELD

**SECTION
B**

MUNICIPALITY

WORKPLACE WAGES

WORKPLACE
TAX WITHHELD

RESIDENCE TAX
WITHHELD