## Regional Income Tax Agency **Employer Municipal Tax Withholding Statement**



800.860.7482 TDD 440.526.5332 ritaohio.com

## **SECTION**

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

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

SIGNATURE

PRINT NAME

TITLE DATE

PHONE NUMBER

CHECK HERE IF YOU HAVE ANY CHANGES TO YOUR DISTRIBUTION AND COMPLETE SECTION B ON THIS FORM.

WORKPLACE TAX WITHHELD

RESIDENCE TAX WITHHELD

FOR THE PERIOD

ТО

DUE ON OR BEFORE

FED. ID #:

NAME:

ADDRESS #:

STREET NAME:

CITY:

STATE: ZIP CODE:

**SECTION** SECTION B MUST BE COMPLETED. SECTION A MUST EQUAL SECTION B. NEGATIVE AMOUNTS ARE NOT ACCEPTABLE.

SUITE:

MUNICIPALITY WORKPLACE WAGES

REGIONAL INCOMETAX AGENCY Regular Mail: Single Distributor P.O. BOX 94983 CLEVELAND, OH 44101-4983 Fax: 440.922.3536



MUNICIPALITY

WORKPLACE WAGES

WORKPLACE TAX WITHHELD RESIDENCE TAX WITHHELD