

SECTION A

FOR THE PERIOD

Month and year boxes 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 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 box for changes

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

Table with 5 columns: MUNICIPALITY, WORKPLACE WAGES, WORKPLACE TAX RATE, WORKPLACE TAX WITHHELD, RESIDENCE TAX WITHHELD. Multiple rows for data entry.

SECTION
B

MUNICIPALITY

WORKPLACE WAGES

WORKPLACE
TAX RATE

WORKPLACE
TAX WITHHELD

RESIDENCE TAX
WITHHELD

 %