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 Yea	ar:				3	Total number of V	V-2's enclos	sed:			
Due on or before	re the	last day of February	of the following	year.	Total r	number of 1099's e	enclosed:				
Fed. ID #:		Total r RITA			number of employees working in a member municipality(ies) at year end:						
Name:							IF R	THIS IS A	N AMENDED [
Address #:				Suite:				OUT OF BUSINESS			
Street Name:											
City:								MOVE	OUT OF R	ITA	
State:			Zip Code:								
Period 2)	Workplace	e Wages		Workplace	e Tax Withheld		Reside	nce Tax Withhe	ld	
January	\$[\$			\$				
February	\$[\$			\$				
March	\$[\$			\$				
April	\$[\$			\$				
May	\$[\$			\$				
June	\$[\$			\$				
July	\$[\$			\$				
August	\$[\$			\$				
September	\$[\$			\$				
October	\$[\$			\$				
November	\$[\$			\$				
December	\$[\$			\$				
Total (4)	\$[\$			\$				

Municipality							1	Number of emp at year en	
							[
Workplace Wages		Workplace Tax Rate %	\$	Workplace Tax	_	\$	Residen	се Тах	
Municipality							1	Number of emp at year en	
					7		Γ	at year en	u
Workplace Wages		Workplace Tax Rate	\$	Workplace Tax		\$	L Residen	се Тах	
Municipality					¬		 	Number of emp at year en	loyees d
Workplace Wages		Workplace Tax Rate		Workplace Tax	<u></u>		Residen	се Тах	
\$		%	\$			\$			
Municipality							 Г	Number of emp at year en	loyees d
Workplace Wages		Workplace Tax Rate		Workplace Tax			L Residen	се Тах	
\$		%	\$			\$			
Municipality Workplace Wages		Workplace Tax Rate		Workplace Tax			l [Residen	Number of emp at year en ce Tax	loyees d
\$		%	\$			\$			
TOTAL: Must equal totals of Total Workplace Wages	-	ection 4. Total Workplace	Tax	Total Res	idence T	ax	(7 Total nu employees	
\$	\$			\$					
Provide the EIN, Name, Munic	cipality, Workplad	ce Wages, and	Work	place Tax for which the	withholo	ding	tax was	remitted if diff	erent.
EIN:				Name:					
Municipality:	Wor	kplace Wages:	_		Workp	olac	e Tax: _		
I have examined this return ar	nd to the best of	my knowledge i	t is c	orrect.					
Signature	е			Title				D	ate
Print Name									
Phone:]							_
Domit to: DECIONAL INCOM		, DO DOY 477	7000						Pag

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