

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 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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**SECTION  
B**

MUNICIPALITY

WORKPLACE WAGES

WORKPLACE  
TAX RATE

WORKPLACE  
TAX WITHHELD

RESIDENCE TAX  
WITHHELD

 %