Form **17**

Regional Income Tax Agency
**Reconciliation of Income Tax**
**Withheld and W-2/1099-MISC Transmittal**

**RITA**
REGIONAL INCOME TAX AGENCY

800.860.7482
TDD 440.526.5332
**ritaohio.com**

**1** Tax Year: _____

Due on or before the last day of February of the following year.

Fed. ID #: _____

Name: _____

Address #: _____   Suite: _____

Street Name: _____

City: _____

State: _____   Zip Code: _____

**3** Total number of W-2's enclosed: _____

Total number of 1099-MISC enclosed: _____

Total number of employees working in a RITA member municipality(ies) at year end: _____

IF THIS IS AN AMENDED RETURN CHECK HERE ☐

**OUT OF BUSINESS**
_____

**MOVED OUT OF RITA**
_____

| Period **2** | Workplace Wages | Workplace Tax Withheld | Residence Tax Withheld |
|---|---|---|---|
| January | $ | $ | $ |
| February | $ | $ | $ |
| March | $ | $ | $ |
| April | $ | $ | $ |
| May | $ | $ | $ |
| June | $ | $ | $ |
| July | $ | $ | $ |
| August | $ | $ | $ |
| September | $ | $ | $ |
| October | $ | $ | $ |
| November | $ | $ | $ |
| December | $ | $ | $ |
| Total **4** | $ | $ | $ |

**Totals must be distributed by municipality on Page 2 in Section 5.**

(if additional space is needed, attach a separate schedule)

Fed. ID #:

**5** Municipality                                                Number of employees at year end

| Workplace Wages | Workplace Tax Rate | Workplace Tax | Residence Tax |
|---|---|---|---|
| $ | % | $ | $ |

Municipality                                                Number of employees at year end

| Workplace Wages | Workplace Tax Rate | Workplace Tax | Residence Tax |
|---|---|---|---|
| $ | % | $ | $ |

Municipality                                                Number of employees at year end

| Workplace Wages | Workplace Tax Rate | Workplace Tax | Residence Tax |
|---|---|---|---|
| $ | % | $ | $ |

Municipality                                                Number of employees at year end

| Workplace Wages | Workplace Tax Rate | Workplace Tax | Residence Tax |
|---|---|---|---|
| $ | % | $ | $ |

Municipality                                                Number of employees at year end

| Workplace Wages | Workplace Tax Rate | Workplace Tax | Residence Tax |
|---|---|---|---|
| $ | % | $ | $ |

**6** TOTAL: Must equal totals on Page 1 from Section 4.                 **7** Total number of employees at year end

| Total Workplace Wages | Total Workplace Tax | Total Residence Tax | |
|---|---|---|---|
| $ | $ | $ | |

**8** **Note:** If you file a Form 17 as a professional employer organization (PEO), common pay master, co-employer, or other agent providing payroll services to unrelated third party employers, including, but not limited to, clients, subsidiaries, other companies, etc., **you must** also provide specific information on each of these employers.  Use **Schedule R-17** to report for each employer EIN and Name and to allocate the Workplace Wages, Workplace Tax Withheld, Residence Tax Withheld and RITA Municipality.

I have examined this return and to the best of my knowledge it is correct.

**9**

_____     _____     _____
Signature                                   Title                            Date

_____
Print Name

Phone:

Remit to:  RITA - FORM 17
               P.O. BOX 715170
               CINCINNATI, OH 45271-5170
Fax: 440.922.3536

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