

① Tax Year:

③ Total number of W-2's enclosed:

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

Total number of 1099-NEC enclosed:

Fed. ID #:

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

Name:

IF THIS IS AN AMENDED RETURN CHECK HERE

Address #: Suite:

OUT OF BUSINESS

Street Name:

City:

MOVED OUT OF RITA

State: Zip Code:

Period	② Workplace Wages	Workplace Tax Withheld	Residence Tax Withheld
January	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
February	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
March	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
April	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
May	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
June	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
July	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
August	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
September	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
October	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
November	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
December	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Total	④ \$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

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

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

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Municipality	Number of employees at year end
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Workplace Wages	Workplace Tax Rate	Workplace Tax	Residence Tax
\$ <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/> %	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>

Municipality	Number of employees at year end
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Workplace Wages	Workplace Tax Rate	Workplace Tax	Residence Tax
\$ <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/> %	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>

Municipality	Number of employees at year end
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Workplace Wages	Workplace Tax Rate	Workplace Tax	Residence Tax
\$ <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/> %	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>

Municipality	Number of employees at year end
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Workplace Wages	Workplace Tax Rate	Workplace Tax	Residence Tax
\$ <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/> %	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>

Municipality	Number of employees at year end
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Workplace Wages	Workplace Tax Rate	Workplace Tax	Residence Tax
\$ <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/> %	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>

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TOTAL: Must equal totals on Page 1 from Section 4.

Total Workplace Wages	Total Workplace Tax	Total Residence Tax	Total number of employees at year end
\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	\$ <input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

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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.

<p>9 <input style="width: 100%;" type="text"/></p>	<p>_____</p>	<p>_____</p>
Signature	Title	Date

Print Name

Phone:

Mail to: Attn RITA
P.O. BOX 715170
CINCINNATI, OH 45271-5170
Fax: 440.922.3536

For OVERNIGHT mail: Attn RITA
P.O. BOX 715170
895 CENTRAL AVENUE SUITE 600
CINCINNATI, OH 45202-5703