## RITA Annual Municipal Income Tax Update Webinar

January 14, 2022

To watch the archived webinar click <u>here</u>: \*Please note: CPE is only available for live webinars, it is not available on demand. REGIONAL INCOME TAX AGENCY 50 YEARS • EST. 1971

## Navigating the Webinar



## "Adminis-trivia"

# Today's Webinar Qualifies for 3 Hrs CPE in Taxation

### • To Qualify for CPE:

• Submit answer to 6 of 8 Poll Questions during the presentation.

OR

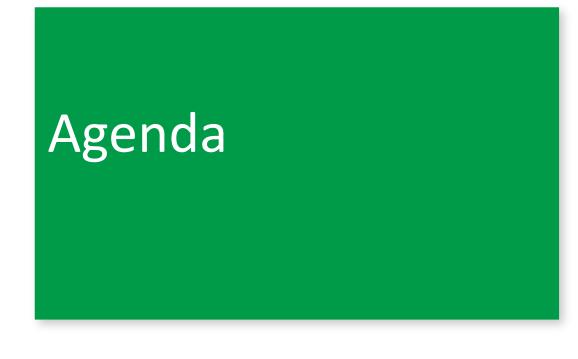
• **Submit 6 of 8 Code Words** via email *after* the presentation.

#### • Watching as a Group?

• All attendees must register individually. **Provide a list** of attendees via email *after* the presentation.

CPE is only available for the live webinar on January 14<sup>th</sup>. It is not available for the recorded version.

## **Municipal Income Tax Webinar**



### o What's New

- Remote Work & Municipal Income Tax – A Tale of Two Years
  - o Refunds
  - o Resident Returns
  - Withholding
  - o Estimates
- Potential Impact

o Q&A



REGIONAL INCOME TAX AGENCY I January 2022

## 2022 Filing Deadline

## Monday, April 18, 2022



## What's New

# Growing to Serve 78 of Ohio's 88 Counties



## 2021 New RITA Municipalities

ADA	ALGER	BARBERTON	BRATENAHL
Village of Ada	Village of Alger	City of Barberton	Village of Bratenahl
Hardin County	Hardin County	Summit County	Cuyahoga County
Start Date 1/1/21	Start Date 1/1/21	Start Date 1/1/21	Start Date 1/1/21
BRYAN	BUTLER	EUCLID	FRAZEYSBURG
City of Bryan	Village of Butler	City of Euclid	Village of Frazeysburg
Williams County	Richland County	Cuyahoga County	Muskingum County
Start Date 8/1/21	Start Date 7/1/21	Start Date 2/1/21	Start Date 1/1/21
GIBSONBURG	HELENA	LATTY	MONROEVILLE
Village of Gibsonburg	Village of Helena	Village of Latty	Village of Monroeville
Sandusky County	Sandusky County	Paulding County	Huron County
Start Date 7/1/21	Start Date 1/1/21	Start Date 1/1/21	Start Date 1/1/21
NORTH PERRY	NORTON	PARMA HEIGHTS	RITTMAN
Village of North Perry	City of Norton	City of Parma Heights	City of Rittman
Lake County	Summit/Wayne County	Cuyahoga County	Medina/Wayne County
Start Date 1/1/21	Start Date 1/1/21	Start Date 1/1/21	Start Date 7/1/21
SALEM	Warrensville Heights	WEST ALEXANDRIA	WOODLAWN
City of Salem	City of Warrensville Hts	Village of West Alexandria	Village of Woodlawn
Columbiana County	Cuyahoga County	Preble County	Hamilton County
Start Date 1/1/21	Start Date 1/1/21	Start Date 7/1/21	Start Date 1/1/21

## **New Members**

# 2022 New RITA Municipalities (Beginning 1/1/22)

O City of Hamilton
O Village of Caldwell
O Village of Doylestown
O Village of Malinta

• City of Orrville (2/1/22)

View the entire list of RITA Municipalities at ritaohio.com/municipalities

### **New Income Tax Rates**

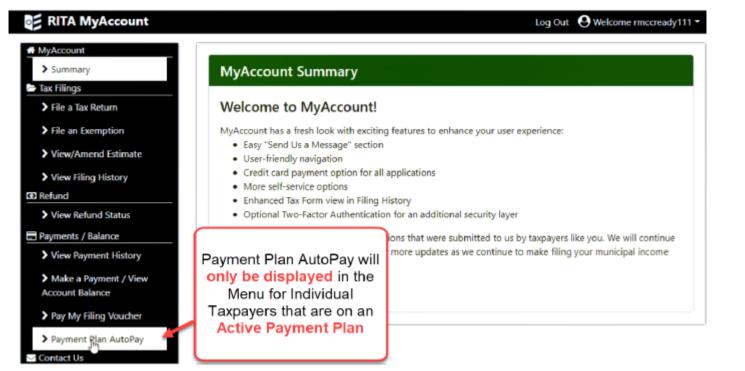
	RITA	Brecksville, Worthington and Youngstown Offices Open For In Person Taxpayer Assistance See <u>News and Important Updates</u> for the Latest							Contact Us > Feedback >		
	NL INCOME TAX AGENCY					Та	ax Ra	ates Table			
Му	Account	Alphabetical Municipa	lity Filter:								
<u>واينا</u>	Forms	A B C D E F G H I J K L New Municipalities an			WXYZ						
$\overline{\mathbb{Q}}$	Individuals	New Municipalities	_	5							
	Businesses	2022 2021	2020	2019	2018	2017	2016				
	Tax Professionals	Bold indicates a rate									
	News And Important Updates	* Indicates a new mu	unicipality t	hat went i	nto effect .				Credit Factor	Credit Rate	
$\mathbb{C}$	Tax Law Updates	Municipality Butler County Annex	cation *				<b>Code</b> 091	2.000%	(Tax Credit)	(Credit Limit)	
	RITA Municipalities	Caldwell *					158	1.000%	100.000%	1.000%	
·@`	Resources	Doylestown *					261	2.000%	100.000%	2.000%	
<b>%</b>   }	Tax Rates	Ham Fair Twp JEDD	1*				417	2.000%	0.000%	0.000%	
Ĩ	About	Ham Fair TWP JEDD	)    *				080	2.000%	0.000%	0.000%	
<u> </u>		Ham Fair TWP JEDD Y I January 20	22				081	2.000%	0.000%	0.000%	

dit Rate edit Limit)

## Payment Plan AutoPay in MyAccount

- Provides individuals a secure and convenient way to automatically pay their monthly payment plans.
- Requirements for Individual Taxpayers to Enroll:
  - Must set-up on a RITA payment plan
  - Payment plan must be current and have no past due balances

 Payment Plan AutoPay option found in the Payment/Balance menu of MyAccount for taxpayers on an active payment plan with RITA.



# Payment Plan AutoPay in MyAccount

 Once enrolled, taxpayers will receive two monthly emails -

- 10 days prior to the payment being withdrawn – this email replaces the paper monthly payment plan billing statement; and
- the day the payment is withdrawn, confirming successful receipt of the payment.

# Payment Plan AutoPay in MyAccount

- When the payment plan is paid in full the taxpayer will be automatically unenrolled and will receive email confirmation of the completion of their payment plan.
- Taxpayer may un-enroll at any time through MyAccount – this will result in paper billing statements being sent again.

## Form Updates - Online Estimate Form 20

#### A MyAccount

Summary

눧 Tax Filings

File An Estimate

> View Filing History

Account Changes

Add Municipality

Add Subcontractor

Refund

View Refund Status

Payments / Balance

> View Payment History

Make a Payment / View Account Balance

#### Estimate - Tax Year

Use the following Tax Year options to electronically file your estimate.

2020	
	View Filed Estimate 🔊
2021	View Filed Estimate 📎
MyAccount Summary	

## Form Updates – Form 20

Form 20 - View Estimate Estimate on File		
Estimate on File for 2020:	\$0.00	
Payments and Credits made to RITA for 2020:	\$0.00	
Remaining Estimate Due:	\$0.00	
A MyAccount Summary		Add/Update Estimate 📎

## **Form Updates**

Form 20 - Municipality Distributions

the next page.

S Back

### **Municipality Distributions** Municipality Name ? Estimated Tax Amount Use the SAVE button to save your current changes while staying on this page. If you are done entering municipalities use the NEXT button at the bottom of the page to save your changes and advance to

🖹 SAVE

Next 🔊

**S**CLEAR

+ ADD

#### **Municipal Filter:** ENTER MUNICIPALITY NAME Displayed Municipalities: 2 Total Entered Municipalities: 2 **Municipality Name Estimate On File Estimated Tax Amount** BRECKSVILLE 0.00 2000.00 Delete 0.00 STRONGSVILLE 300.00 Delete

**Estimate Total** \$0.00 \$2,300.00

**REGIONAL INCOME TAX AGENCY | January 2022** 

## Form Updates – Form 20

A MyAccount

### Summary 2020 - NetProfit Estimate

\$ Municipality Distributions

Review and File

lance Summary		
Total Estimate for 2020:	\$2,300.00	
Payments and Credits made to RITA for 2020:	\$0.00	
Remaining Estimate Due:	\$2,300.00	
hat amount would you like to pay n	ow?	
	ow?	
<b>\$2,300.00</b> - 2020 total estimate balance	ow?	
<ul> <li>○ \$2,300.00 - 2020 total estimate balance</li> <li>○ Bill me later </li> </ul>	ow?	
<b>\$2,300.00</b> - 2020 total estimate balance	ow?	
<ul> <li>○ \$2,300.00 - 2020 total estimate balance</li> <li>○ Bill me later </li> </ul>	ow?	
<ul> <li>\$2,300.00 - 2020 total estimate balance</li> <li>Bill me later ?</li> <li>Pay other amount</li> </ul>	ow?	
<ul> <li>\$2,300.00 - 2020 total estimate balance</li> <li>Bill me later ?</li> <li>Pay other amount</li> </ul>	ow?	
<ul> <li>○ Bill me later <ol> <li>⑦</li> <li>○ Pay other amount</li> </ol></li></ul>	ow?	Next

## Form Updates – Form 20

Summary	Form 20 - Ach	
2020 - NetProfit Estimate	Direct Transfer From Your Checking of	or Savings Account
\$ Municipality Distributions		
Review and File	Payment Amount	
	\$2,300.00	
	Type of Account:	
	Checking O Savings	
	Where are these numbers on my personal ch	neck? Show Image
	Routing Number:	Account Number:
	ROUTING NUMBER (REQUIRED)	ACCOUNT NUMBER (REQUIRED)
		Account Number Confirmation:
		ACCOUNT NUMBER (REQUIRED)
	Do you want to defer your payment to a	ater date?

## **Net Operating Loss Updates**

### NOL Phase In

- 50% Phase in still in effect for tax year 2021 filed in 2022.
- If you have questions, contact us and/or review the previous 2020 presentation available at <u>https://www.ritaohio.com/T</u> <u>axProfessionals/Home/Prese</u> ntations

## **MeF Partners**

## 2021 Updates

Note: Some partners are still completing their testing. The website will be updated as they finish the testing process.

### o Individual

- o ATX
- Blockworks
- CCH Prosystem FX
- o Drake
- GOsystem/ONESOURCE
- LACERTE
- OLT (Online Tax)
- o TaxAct
- o Ultra Tax

### **MeF Partners**

## 2021 Updates

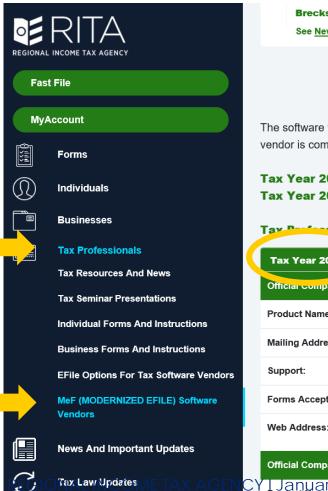
Note: Some partners are still completing their testing. The website will be updated as they finish the testing process.

# Net Profit Drake UltraTax

o CCH

Note: Form 27 Returns for clients with multiple rental properties, in multiple municipalities, are now easier to file using MeF

## **MeF Partners**



Brecksville, Worthington and Youngstown Offices Open For In Person Taxpayer Assistance See <u>News and Important Updates</u> for the Latest



Modernized eFile Approved Software Vendors

The software vendors listed below have been approved to provide RITA returns. Products and other information are listed after testing with the software vendor is complete. If you are a software vendor that wants to participate in the MeF program, please submit one or both of the following forms:

#### Tax Year 2021 RITA Form 37 MeF Application - Individuals Tax Year 2021 RITA Form 27 MeF Application - Businesses

Tax Professionals News and Important Updates will provide notifications related to the current MeF program.

Tax Year 2021	20 Tax Year 2019	Tax Year 2018	Tax Year 2017	Tax Year 2016	Tax Year 2015	Tax Year 201
Officiar company Name:	DRAKE EN	TERPRISES				
Product Name:	DRAKE SO	FTWARE				
Mailing Address:	235 EAST F	PALMER STREET, FRA	NKLIN, NC 28734			
Support:	1-820-2-1-	020				
Forms Accepted:	Net Profit Ta	ax Return (RITA Form 2	7)			
Web Address:	www.drake	software.com				
Official Company Name:	THOMSON	REUTERS				
LJanuary 2022	Liltra Tay C	2				

## **Optical Character Recognition (OCR)**

# RITA is implementing OCR for Forms 11 and 17

• For best results contact us.

 If you are a payroll/software provider who programs or codes RITA's Form 11 or 17, please email <u>comunications@ritaohio.com</u> so that we can partner you with one of our specialists to discuss the details.

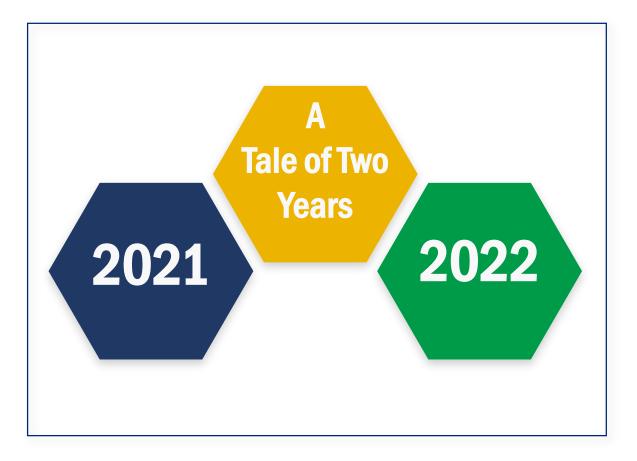
## **Optical Character Recognition (OCR)**

# OCR – Quick Guide for Forms 11 and 17

### Common Updates –

- Remove pre-printed decimal points, dollar signs, symbols
- Remove boxes and lines around input; and
- Eliminate shading or preprinted backgrounds.
- Update font size of months on Form 17 to match data print size.

## Remote Work & Municipal Income Tax



Refunds
Resident Returns
Withholding
Estimates

## **Remote Work & Municipal Tax**

- In response to the COVID-19 pandemic, Ohio law has permitted employers to withhold municipal income tax from employee wages as if employees are working in the office, regardless of where they have been performing their work.
- That rule ended December 31, 2021.
- January 1, 2022 what happens(ed) now?
- Let's talk about this as a tale of two years TY 2021 and TY 2022

## **Remote Work & Municipal Tax**

## But First, What About 2020 Refunds?

- 2020 COVID-19 withholding refunds are still being litigated.
- RITA will continue to hold 2020 refund requests in a suspended status until litigation resolved.
- Use 2020 Form 10A found at ritaohio.com – follow the COVID-19 instructions.

## **Remote Work & Municipal Tax**

## 2020 COVID-19 Withholding Litigation - Update

- Buckeye Institute, et al v.
   Megan Kilgore, et al (Columbus City Auditor)
- Schaad v. Adler (City of Cincinnati)
- Curcio, et al v. Hufford (City of Oregon) and Zawista (City of Toledo)
- *Morsy v. Dumas* (City of Cleveland)

## Tax Year 2021 – Refunds

## 2021 Refunds Permitted

- 2021 Refunds are permitted, per Ohio House Bill 110.
- Use 2021 Form 10A found at www.ritaohio.com/Forms/ Home/IndividualFormDownlo ads

## Tax Year 2021 – Form 10A

REGIONAL INCOME TAX AGENCY	Brecksville, Worthington and Youngstown Offices Open For In Person Taxpayer Assistar Contact See <u>News and Important Updates</u> for the Latest	t Us > Feedback >
Fast File	Forms And Instructions	
MyAccount	2021 2019 2018 2017 2016 2015 2014	
Forms Individual Forms	Municipal Income Tax Drop-Off Sheet RITA will prepare your return for you. Fill out this sheet, attach your documents and drop it off at select RITA locations.	Form
Business Forms	Form 37 Individual Municipal Income Tax Return	Form Instructions
Individuals	Exemption Use this form if you are exempt from filing an Individual Municipal Income Tax Return	Form
Businesses	Form 10A Application for Municipal Income Tax Refund	Form
News And Important Updates	Form 32 EST-EXT Estimated Income Tax and/or Extension of Time to File	Form
Tax Law Updates	Request for Allocation of Payments Use this form to allocate existing payments/credits between separate individual accounts	Form
-∰ RITA Municipalities	Postal Wage Amendment Statement Form	Form
- Resources	Form 75 Individual Registration Form	Form
(أ) About	Request for Appealable Assessment	Form

31

### Tax Year 2021 – Form 10A

510A	Regional Income Tax Agency Application for Municipal Income Tax Refund PO Box 95422 Broadview Heights, OH 44101-0033				RITA REGIONAL INCOME TAX AGENCY	800.860.7482 TDD 440.526.5332 ritaohio.com		
Your social secu	urity number			ear of claim 2021	1	To <b>avoid delays</b> in your refe the instruction page for guid Frequently asked guestions	lelines and claim specifics.	
	and middle initial	Last name				found on RITAC FAQs/Individual	hio.com under	
Current home a	ddress (number and stre	et)		Apt #		Contact phone number:		
City, state, and	ZIP code					for any time in 2021 in respon	side of your normal workplace se to COVID-19.	
Reason fo	r Claim				-	See Checkbox No. 2 below.		

#### Check the Box below that applies.

- A separate 10a is required if you have multiple W-2 forms, or for each municipality from which a refund is requested.
- No refunds will be issued without the proper documentation indicated by reason for claim.

#### (MM/DD/YYYY)

- 1. Age Exemption. Date of Birth Attach a copy of your W-2 form and proof of birthdate (birth certificate, driver's license, etc.). If you were under age for only part of the year, you must either: (1) have your employer sign the completed Employer Certification on page 2; or (2) attach a copy of your pay stub for the pay period in which your birthday fell. Exceptions to the 18 years of age or older exemption exist. For age exemption qualifications, visit ritaohio.com, select the RITA municipality in which you worked and review the Special Notes section that relates to the appropriate tax year.
- 2. Days Worked From Home. Days worked outside of municipality for which the employer withheld tax, and instead you worked from home (remote). Attach a copy of your W-2 Form, a completed Log of Days Out Worksheet on page 3, and a completed Calculation for Days Worked Out of RITA on page 3. Your employer must sign the Employer Certification on page 2. If any of the days worked from home were in response to the COVID-19 pandemic, please check the box at the top right of this page.
- 3. Other Days Worked Outside of municipality for which the employer withheld tax (other than days worked at home). Attach a copy of your W-2 Form, a completed Log of Days Out Worksheet on page 3, and a completed Calculation for Days Worked Out of RITA on page 3. In addition, your employer must sign the Employer Certification on page 2. If any of the days worked outside of the municipality were in response to the COVID-19 pandemic, please check the box at the top right of this page
- 4. Employer withheld at a rate higher than the employment municipality's tax rate. Attach a copy of your W-2 Form and a completed Calculation of Overpayment on page 2. Your employer must sign the Employer Certification on page 2. Do Not Use for COVID-19.
- 5. T Employer withheld too much (over-withheld) residence municipality tax. Attach a copy of your W-2 Form. Your employer must sign the Employer Certification on page 2.
- 6. Withheld by mistake for the municipality of when I actually worked in the municipality of Attach a copy of your W-2 Form. Your employer must sign the Employer Certification on page 2. Indicate the address where you actually worked in the box below. Do Not Use for COVID-19.

Work Location Street Address	City	State	Zip
Over-the-road truck driver. The wages of an interstate truck dri			
taxable by the driver's municipality of residence. Intrastate truck	drivers may be eligible to receive up	to a 90% re	efund from their

- principal place of work. (A logging of your work locations, to support a refund of the tax withheld from your principal place of work is required). Attach a copy of your W-2. In addition, your employer must sign the Employer Certification (pg. 2).
- 8. 🔲 Military Spouse Residency Relief Act. Attach copies of W-2 Form, Form DD 2058, valid military spouse ID card and service member's most recent LES. Only the completion of the Claim Summary below is required.
- Other (Indicate Reason). Attach W-2 Form and other applicable documentation, and a completed Calculation of Overpayment on page 2. Your employer must sign the Employer Certification on page 2. Do Not Use for COVID-19. 9.

REGIONAL INCOME TAX AGENCY LIGHT of overpayment of account if you have already filed Form 37 or you are not required to file. Employer certification is not required

## Tax Year 2021 – Form 10A

### Tax Year 2021 Form 10A Changes

- o Use 2021 Form -
- Check box at the top if any portion of the request is related to Covid-19.
- Use Reason No. 2 for working from home



2. Days Worked From Home. Days worked outside of municipality for which the employer withheld tax, and instead you worked from home (remote). Attach a copy of your W-2 Form, a completed Log of Days Out Worksheet on page 3, and a completed Calculation for Days Worked Out of RITA on page 3. Your employer must sign the Employer Certification on page 2. If any of the days worked from home were in response to the COVID-19 pandemic, please check the box at the top right of this page.

## **Tax Year 2021**

Tax Year 2021 Form 10A

- Calculation of Days
   Worked Outside of the
   Withheld Municipality
- Log of Days Worked
   Outside of Withheld
   Municipality

Form 10-A

Name of employee shown on page 1	Employee's SSN	Tax Year of Claim
		2021

Calculation of Days Worked Outside of RITA Municipality – Complete for Refund Claim Reasons 2 or 3.

A Trial work days on the later of the second s	<b>—</b>	
<ol> <li>Total workdays available. If you normally work a 5 day work week and you worked for your employer for</li> </ol>		
the entire year, enter 260 (52 weeks times 5 days). Otherwise, enter the number of days you normally		
worked in a week times the number of weeks worked (cannot exceed 260).	1	
2 Days not worked. Enter total number of days included on line 1 that you did not work due to holidays.		
personal days, sick days, and vacation days	2	
3 Total days actually worked. Subtract line 2 from line 1	3	
4 Days worked outside of the municipality for which tax was withheld. A log of days out must be included		
(see below). For purposes of this refund claim, if you worked in another municipality that has an income		
tax, the wages earned in that municipality are subject to tax in that municipality.	4	
5 Days worked in the municipality for which tax was withheld. Subtract line 4 from line 3	5	
6 Percentage of wages earned in the municipality. Divide line 5 by line 3	6	
7 Total municipal taxable wages. For most taxpayers, this is the larger of Box 5 or 18 from your W-2	7	
7A Amount of municipal tax withheld to the municipality (W2 Box 19)	7A	
8 Wages taxable to municipality for which tax was withheld. Multiply line 6 by line 7	8	
Tax Rate	1	
8A Multiply line 8 by workplace tax rate	8A	
<ul> <li>We not a state that the second state of the second st</li></ul>	┥──	
9 Wages not taxable to municipality for which tax was withheld. Subtract line 8 from line 7. Enter here		
and on Page 1, line 3	9	ļ
10 Amount of over withholding claimed. Amount of over withholding claimed. Subtract line 8A from line		
7A. Enter here and on Page 1, line 4	10	
· ····	•	•

#### Log of Days Out

List the names of the municipalities/locations where you worked while working outside of the municipality for which tax was withheld, and the number of days worked in those municipalities/locations. Your own worksheet is acceptable. Use additional paper if necessary.

Travel Date/s	Work Location	Reason	# Days	Travel Date/s	Work Location	Reason	# Day
				Total number for which the			

## **Tax Year 2021**

E---- 40 /

return and mail them together.

### Tax Year 2021 Form 10A Employer Certification

- Verification of the number of days the employee worked in the withheld municipality.
- Verification that employer has not already refunded the withholding to the employee.

**REGIONAL INCOME TAX AGENCY I January 2022** 

	ne of employee shown on page 1				Emp	oloyee's SS	N		Tax Year of Cl 2021		
Cal	Iculation of Overpaym	ent – Complete for F	) efu	nd Claim Reas	ons /	01.0					
		cm - complete for t	Ciu		0113 4	015					
	Refund/Credit Calculation										
A	1 Total Wages from employ	ee's W-2 Form		1	A-1						
;	2 Enter name of municipality	for which tax was withheld	A-2	2							
1	3 Amount of municipal tax w	ithheld to the municipality in	ndica	ted on line A-2				A-3			
	4 List the complete address										
	the employee physically p services. If the employee			Work location street addre	55						
	limits of a municipality, ski										
	and enter -0- on line A-8 5 Enter the amount of munic	vinal taxable wares earned	_	City, State, Zip Code				-			
	indicated on line A-4	ipai taxable wages earried	in the	municipality	A-5						
	6 Enter the tax rate of the m	unicipality indicated on line	A-4	-	A-6						
7	7 Tax due to municipality wh	ere employee physically wo	orked	Multiply line A-5							
	by the tax rate on line A-6 8 If the municipality indicated	on line A-4 is a RITA mun	icinal	ity enter the amoun	A-7	ine A-7		-			
	otherwise enter -0-		loipei	ity, enter the amount				A-8			
9	9 Amount of over-withheld	tax to be refunded or cre ot be refunded or credited.				e A-3.		A-9			
	· · · · · · · · · · · · · · · · · · ·		Linei	total off Lage 1, lin	c 1.						
В.	Employee's Home Address The employee's home address for the period covered by this claim was:										
		so for the period covered by	,				State				
	Employee's Home Street Address			City			state	Zlp			
	If the employee is still enployee	Date of Hire		Date of Separation							
Em	ployer Certification										
Emp The u empl has e that t	bloyer Representative's Exp undersigned employer represent; loyee in excess of the employee' examined this claim for refund in the information reported on this of Idition, the undersigned employer loyee by the employer, and that r	ative states that during the year s liability; that the above refere its entirety including any accor aim with respect to time worke representative verifies that no	r refere inced ( impany id in th portic	enced above the employ employee was employ ying schedules and sta e municipality withheld on of the over-withheld	ed durin atements d is true tax has	g the peri s; and that and accur been or v	od reference the emplo ate. rill be refu	ed abov yer repr	ve; that the em esentative can rectly to the		
Emp The u empl has e that t In ad empl	undersigned employer represent loyee in excess of the employee' examined this claim for refund in the information reported on this cl Idition, the undersigned employer	ative states that during the year s liability; that the above refere its entirety including any accor aim with respect to time worke representative verifies that no	r refere inced ( impany id in th portic	enced above the employ employee was employ ying schedules and sta e municipality withheld on of the over-withheld	ed durin atements d is true tax has	g the peri s; and that and accur been or v	od reference the emplo ate. vill be refu ve been or	ed abov yer repr nded dir will be n	ve; that the em esentative can rectly to the		
Emp The u empl has e that t In ad empl	undersigned employer represent loyee in excess of the employee' examined this claim for refund in the information reported on this d Idition, the undersigned employee loyee by the employer, and that r	tive states that during the year s liability; that the above refere its entirety including any accor aim with respect to time worker representative verifies that no to adjustments to the employer	r refere inced ( impany id in th portic	enced above the employ employee was employ ying schedules and sta e municipality withhele on of the over-withheld holding account relate	ed durin atements d is true tax has	g the peri s; and that and accur been or v	od reference the emplo ate. vill be refu ve been or	ed abov yer repr nded dir will be n	ve; that the em esentative can rectly to the nade.		
Emp The u empl has e that t In ad empl Repr	undersigned employer represent loyee in excess of the employee' examined this claim for refund in the information reported on this d Idition, the undersigned employee loyee by the employer, and that r resentative's Signature	ative states that during the year s liability; that the above refere its entirety including any accor aim with respect to time worke representative verifies that no to adjustments to the employer Representative's Title	r refere mpany d in th portic 's with	enced above the employee was employee was employee ing schedules and state e municipality withheld on of the over-withheld holding account relate Date	ed durin atements d is true tax has ed to this	g the peri s; and that and accur been or v s claim ha	od referend the emplo ate. vill be refu ve been or Repr	ed abov yer repr nded dir will be n esentativ	ve; that the em esentative can rectly to the nade. ve's Phone Nur		
Emp The u empl has e that t In ad empl Repr Print Taxy	undersigned employer represent; loyee in excess of the employee' examined this claim for refund in the information reported on this of Idition, the undersigned employee loyee by the employer, and that r resentative's Signature Representative's Name payer's Signature	ative states that during the year s liability: that the above refere its entirely including any accor aim with respect to time worker representative verifies that no to adjustments to the employer Representative's Title Print Representative's Title	r refere moed ( mpany d in th portic 's with	enced above the employ employee was employ ing schedules and sta- te municipality withheld on of the over-withheld sholding account relate Date Explanation of	ed durin atements d is true tax has ed to this	ig the peri s; and that and accur been or v s claim hav on for Refu	od referen the emplo ate. iill be refu ve been or Repr	ed abov yer repr nded dir will be n esentativ	ve; that the em esentative can rectly to the nade. ve's Phone Nur r works from home		
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Emp The u empl has e that t In ad empl Repr Taxp Unde that t unde have	undersigned employer represent loyee in excess of the employee' examined this claim for refund in the information reported on this d ldition, the undersigned employee loyee by the employer, and that r resentative's Signature Representative's Name payer's Signature or penalties of perjury, I declare in this information may be released ristand that if this refund changes an unpaid balance due, this refu rayer's Signature	the states that during the year     s liability: that the above refere     is entirety including any accor     aim with respect to time worker     representative verifies that no     o adjustments to the employer     Representative's Title     Print Representative's Title     Print Representative's Title     Print Representative's Title     Drint Representative's Title     Drint Representative's Title     Drint Representative to the tax administrator of the     my RITA residence tax, an am     d will be applied to that balan     Date	referenced mpany d in the portion 's with le ind to the reston-	Inced above the employemployee was employee was employed ing schedules and state municipality withheld inholding account related to the over-withheld inholding account related to the best of my knowled for the workplace of a return must be filed to a. Taxpayer's Data Ta	ed durin atements d is true tax has ad to this of Reaso of Reaso of Reaso of Reaso available before the aytime F ill with Regio	g the peri s; and that and accur been or v claim har on for Refu belief, it is ality and the refund 'hone require	od referennen the emplo ate. iill be refu re been or Repr ind (example ind (example ind (example ind (example True, correc rue, correc ind (example ind (example))))))))))))))))))))))))))))))))))))	ed aboo yer repr nded dir will be n esentativ esentativ ct and coo Revenu ed. I als ayer's E menta	re: that the em esentative can rectly to the nade. re's Phone Nur rworks from home mplete. I under e Service. I f o understand th vening Phone tion to:		

Dage 2

## Form 10A Example





REGIONAL INCOME TAX AGENCY I January 2022

#### **EXAMPLE 1**

- o Wanda Maximoff
- Works in North Olmsted, lives in Westlake
- Earned \$60,000 in 2021
- Had days out in 2021 due to WFH in response to COVID.
- January through June was WFH full time
- July 1 started 2 days per week in the office.
- Had 30 vac/sick/holidays

Regional Income Tax Age Application for Municipal PO Box 95422 Broadview Heights, OH 44	Income Tax Refund	RITA	800.860.7482 TDD 440.526.5332 ritaohio.com
Your social security number 999-99-9991	Tax year of claim 2021	the instruction page for gui	fund request, please review delines and claim specifics. s regarding Refunds can be
Your first name and middle initial Last name Wanda Maximofi		found on RITA	Ohio.com under al FAQ/Refunds.
Current home address (number and street)	Apt#		
2800 Sherwood Dr		Contact phone number:	
City, state, and ZIP code		Check here if you worked ou	tside of your normal workplace
Westlake, Ohio 44145		or any time in 2021 in respo	nse to COVID-19.
Reason for Claim		See Checkbox No. 2 below.	

Check the Box below that applies.

- A separate 10a is required if you have multiple W-2 forms, or for each municipality from which a refund is requested.
- No refunds will be issued without the proper documentation indicated by reason for claim.

(MMDDA

- Age Exemption. Date of Birth Attach a copy of your W-2 form and proof of birthdate (birth certificate, driver's ice, etc.). If you were under age for only part of the year, you must either. (1) have your employer sign the completed Employer Certification on page 2; or (2) attach a copy of your pay stub for the pay period in which your birthday fell. Exceptions to the 18 years of age or older exemption exist. For age exemption qualifications, visit ritachic.com, select the RITA municipality in which you worked and review the Special Notes section that relates to the appropriate tax year.
- 2. Z Days Worked From Home. Days worked outside of municipality for which the employer withheld tax, and instead you worked from home (remote). Attach a copy of your W-2 Form, a completed Log Od Days Out Worksheet on page 3, and a completed Calculation for Days Worked Out of RITA on page 3. Your employer must sign the Employer Certification on page 2. If any of the days worked from home were in response to the COVID-19 pandemic, please check the box at the top right of this page.
- 3. Other Days Worked Outside of municipality for which the employer withheld tax (other than days worked at home). Attach a copy of your W-2 Form, a completed Log of Days Out Worksheet on page 3, and a completed Calculation for Days Worked Out of RITA on page 3. In addition, your employer must sign the Employer Certification on page 2. If any of the days worked outside of the municipality were in response to the COVID-19 pandemic, please check the box at the top right of this page.
- 4. Employer withheld at a rate higher than the employment municipality's tax rate. Attach a copy of your W-2 Form and a completed Calculation of Overpayment on page 2. Your employer must sign the Employer Certification on page 2. Do Not Use for COVID-19.
- 5. Employer withheld too much (over-withheld) residence municipality tax. Attach a copy of your W-2 Form. Your employer must sign the Employer Certification on page 2.
- Withheld by mistake for the municipality of \_\_\_\_\_\_\_\_ when I actually worked in the municipality of \_\_\_\_\_\_\_\_ Attach a copy of your W-2 Form. Your employer must sign the Employer Certification on page 2. Indicate the address where you actually worked in the box below. Do Not Use for COVID-19.

  Work Location Street Address
   City State Zo
- 7. Over-the-road truck driver. The wages of an interstate truck driver regularly assigned to drive in more than one state are only taxable by the driver's multicipality of residence. Intrastate truck drivers may be eligible to receive up to a 90% refund from their principal place of work. (A logging of your work locations, to support a refund of the tax withheld from your principal place of work is regularly 1. In addition, your employer must sign the Employer Certification (pg. 2).
- 8. Military Spouse Residency Relief Act. Attach copies of W-2 Form, Form DD 2058, valid military spouse ID card and service member's most recent LES. Only the completion of the Claim Summary below is required.
- 9. Other (Indicate Reason). Attach W-2 Form and other applicable documentation, and a completed Calculation of Overpayment on page 2. Your employer must sign the Employer Certification on page 2. Do Not Use for COVID-19.

D. Refund of overpayment on account if you have already filed Form 37 or you are not required to file. Employer certification i required.
---

Claim Summary – Submit one claim per form. Please complete	a se	eparate 10A if multiple emp	loyer	s/municipalities exist.
1 Employer Federal ID # 345555616	1	Employer Name Sample Employer 1		
2 RITA Municipality for which tax was withheld (from W-2, Box 20). RITA cannot refund tax withheld to a Non-RITA municipality	2	North Olmsted		
3 Amount of income not taxable. Enter -0- for reasons 4 and 5. For all ot amount of wages you are claiming are nottaxable	her	reasons enter the	3	44,400
4 Amount of over withholding claimed (Box A-9 on page 2 or Line 10 on p	age	e 3)	4	88
5 Amount of over withholding you want applied as a payment to your indii instead of being refunded to you. Enter -0- if you want all of your refun		ent to you	5	66
Provide the social security number of the account to which you want th amount on line 5 to be credited	ie	SSN of account to be credited 999-99-9991		
6 Net amount to be refunded. Subtract line 5 from line 4. Amounts \$10	or le	ess will not be refunded.	6	222

#### ON PAGE 1:

- Wanda completes the demographic section at the top
- Chooses reason #2 for Days Worked from Home.
- Checks the box indicating the refund is a result of Days worked away from the office in response to COVID-19.

<b>⁵10A</b>	Regional Income Application for M PO Box 95422 Broadview Heigh	lunicipal Inco		REGIONAL INCOME TAX AGENCY	800.860.7482 TDD 440.526.5332 ritaohio.com
Your social secu 999-99-9991	rity number		Tax year of daim 2021	To avoid delays in your ref the instruction page for guid Frequently asked questions	lelines and claim specifics.
Your first name a Wanda	and middle initial Idress (number and stree	Last name Maximoff	Apt#	found on RITAC FAQs/Individual	)hio.com under
2800 Sherwoo		с <i>)</i>	AP. 1	Contact phone number:	
City, state, and Z Westlake, Oh				Check here if you worked out for any time in 2021 in respon	side of your normal workplace se to COVID-19.
Reason fo	r Claim			See Checkbox No. 2 below.	

Check the Box below that applies.

- \* A separate 10a is required if you have multiple W-2 forms, or for each municipality from which a refund is requested.
- \* No refunds will be issued without the proper documentation indicated by reason for claim.

#### MMDDYYYY)

- 1. Age Exemption. Date of Birth Attach a copy of your W-2 form and proof of birthdate (birth certificate, driver's license, etc.). If you were under age for only part of the year, you must either: (1) have your employer sign the completed Employer Certification on page 2; or (2) attach a copy of your pay stub for the pay period in which your birthday fell. Exceptions to the 18 years of age or older exemption exist. For age exemption qualifications, visit ritaohio.com, select the RITA municipality in which you worked and review the Special Notes section that relates to the appropriate tax year.
- 2. 
  Days Worked From Home. Days worked outside of municipality for which the employer withheld tax, and instead you worked from home (remote). Attach a copy of your W-2 Form, a completed Log of Days Out Worksheet on page 3, and a completed Calculation for Days Worked Out of RITA on page 3. Your employer must sign the Employer Certification on page 2. If any of the days worked from home were in response to the COVID-19 pandemic, please check the box at the top right of this page.

#### ALSO ON PAGE 1:

Wanda completes the Claim
 Summary at the bottom of the page.

Claim Summary – Submit one claim per form. Please complete a separate 10A if multiple employers/municipalities exist.

			-	-
1 Employer Federal ID #		Employer Name		
345555616	1	Sample Employer 1		
2 RITA Municipality for which tax was withheld (from W-2, Box 20). RITA				
cannot refund tax withheld to a Non-RITA municipality		North Olmsted		
3 Amount of income not taxable. Enter -0- for reasons 4 and 5. For all o	ther	reasons enter the		
amount of wages you are claiming are nottaxable			3	44,400
A mount of over withholding claimed (Rev A 0 on page 2 or Line 10 on		2)		888
4 Amount of over withholding claimed (Box A-9 on page 2 or Line 10 on			4	000
5 Amount of over withholding you want applied as a payment to your ind	ividu	al or joint account		
instead of being refunded to you. Enter -0- if you want all of your refu	nd se	ent to you	5	666
Provide the social security number of the account to which you want to	the	SSN of account to be credited		
amount on line 5 to be credited		999-99-9991		
		i de la constante de la consta		
6 Net amount to be refunded. Subtract line 5 from line 4. Amounts \$10	or l	ess will not be refunded.	6	222

#### ON PAGE 3:

 Wanda completes the Calculation of Days Worked Outside of RITA Municipality Name of employee shown on page 1 Wanda Maximoff

Employee's SSN 999-99-9991 Tax Year of Claim **2021** 

Calculation of Days Worked Outside of RITA Municipality – Complete for Refund Claim Reasons 2 or 3.

1 Total workdays available. If you normally work a 5 day work week and you worked for your employer for the entire year, enter 260 (52 weeks times 5 days). Otherwise, enter the number of days you normally		
worked in a week times the number of weeks worked (cannot exceed 260).	1	260
2 Days not worked. Enter total number of days included on line 1 that you did not work due to holidays, personal days, sick days, and vacation days	2	30
3 Total days actually worked. Subtract line 2 from line 1	3	230
4 Days worked outside of the municipality for which tax was withheld. A log of days out must be included (see below). For purposes of this refund claim, if you worked in another municipality that has an income		
tax, the wages earned in that municipality are subject to tax in that municipality.	4	170
5 Days worked in the municipality for which tax was withheld. Subtract line 4 from line 3	5	60
6 Percentage of wages earned in the municipality. Divide line 5 by line 3	6	26%
7 Total municipal taxable wages. For most taxpayers, this is the larger of Box 5 or 18 from your W-2	7	60,000
7A Amount of municipal tax withheld to the municipality (W2 Box 19)	7A	1,200
8 Wages taxable to municipality for which tax was withheld. Multiply line 6 by line 7	8	15,600
8A Multiply line 8 by workplace tax rate 2.0	8A	312
9 Wages not taxable to municipality for which tax was withheld. Subtract line 8 from line 7. Enter here and on Page 1, line 3	9	44,400
10 Amount of over withholding claimed. Amount of over withholding claimed. Subtract line 8A from line 7A. Enter here and on Page 1, line 4	10	888

#### ALSO ON PAGE 3:

- Wanda completes the Log of Days Out.
- This total does not include days in the office or days not worked (Vacation, Holiday, Sick or Personal time off.)

#### Log of Days Out

List the names of the municipalities/locations where you worked while working outside of the municipality for which tax was withheld, and the number of days worked in those municipalities/locations. Your own worksheet is acceptable. Use additional paper if necessary.

					-		-
Travel Date/s	Work Location	Reason	# Days	Travel Date/s	Work Location	Reason	# Days
JAN	HOME		18				
FEB	HOME		14				
MARCH	HOME		23				
APRIL	HOME		22				
MAY	HOME		20				
JUNE	HOME		22				
JULY	HOME		1				
AUG	HOME		12				
SEPT	HOME		8				
OCT	HOME		10				
NOV	HOME		10				
DEC	HOME		10				
					of Days worked outside of Days worked outside of employer withheld tax	of municipality	170

#### ON PAGE 2:

- Wanda's employer completes and signs the Employer Certification.
- Wanda signs the form and mails to the Address for refunds listed on the form.

#### Employer Certification

#### Employer Representative's Explanation of Reason for Refund and Signature

The undersigned employer representative states that during the year referenced above the employer withheld municipal income tax from the above named employee in excess of the employee's liability; that the above referenced employee was employed during the period referenced above; that the employer has examined this claim for refund in its entirety including any accompanying schedules and statements; and that the employer representative can attest that the information reported on this claim with respect to time worked in the municipality withheld is true and accurate.

In addition, the undersigned employer representative verifies that no portion of the over-withheld tax has been or will be refunded directly to the employee by the employer, and that no adjustments to the employer's withholding account related to this claim have been or will be made.

		DAYS WORKED FROM HOI	ME
Print Representative's Name	Print Representative's Title	Explanation of Reason for Refu	nd (example-"taxpayer works from home 4
	01/11/2022	(440) 777-1000	(440) 835-1111
Taxpayer's Signature	Date	Taxpayer's Daytime Phone	Taxpayer's Evening Phone

- 1 to the address shown at right; and
- If filing Form 37, attach the 10A to the completed return and mail them together.

Regional Income Tax Agency PO Box 95422 Broadview Hts. OH 44101-0033

#### FOR TAX YEAR 2021 WANDA:

- Has \$44,400 exempt from North Olmsted withholding, or an \$888 Gross refund amount.
- Owes Westlake \$666 on the exempt income.
- Is due a net Refund of \$222

Claim Summary – Submit one claim per form. Please complete a separate 10A if multiple employers/municipalities exist.

			-	-
1 Employer Federal ID #		Employer Name		
345555616	1	Sample Employer 1		
2 RITA Municipality for which tax was withheld (from W-2, Box 20). RITA				
cannot refund tax withheld to a Non-RITA municipality	2	North Olmsted		
3 Amount of income not taxable. Enter -0- for reasons 4 and 5. For all of	her	reasons enter the		
amount of wages you are claiming are nottaxable			3	44,400
A Amount of average with helding alaimed (Day A O an appro 2 and inc. 40 and		- 2)		999
4 Amount of over withholding claimed (Box A-9 on page 2 or Line 10 on	· · ·		4	888
5 Amount of over withholding you want applied as a payment to your indi	vidu	al or joint account		
instead of being refunded to you. Enter -0- if you want all of your refur	nd se	ent to you	5	666
Provide the social security number of the account to which you want the	he	SSN of account to be credited		
amount on line 5 to be credited		999-99-9991		
		i de la constante de la consta		
6 Net amount to be refunded. Subtract line 5 from line 4. Amounts \$10	or le	ess will not be refunded.	6	222

#### EXAMPLE 2

- Jed Masters
- Works in Mentor, lives in Willowick.
- Earned \$125,000 in 2021
- Had days out in 2021 due to WFH in response to COVID
- January through June was WFH full time
- July 1 started 3 days per week in the office.
- Had 43 vac/sick/holidays

<b>10A</b>	Regional Income Application for M PO Box 95422 Broadview Heigh	Aunicipal Inco		efund	REGIONAL INCOME TAX		800.860.7482 TDD 440.526.5332 ritaohio.com
Your social secu 999-99-9992	rity number		Tax year o		the instruction page	ge for guid	und request, please review Jelines and claim specifics. s regarding Refunds can be
Your first name a	and middle initial	Last name					Dhio.com under
Jed		Masters			FAQs/	Individual	FAQ/Refunds.
Current home ac	ddress (number and stre	et)	A	vpt#			
1980 Dagoba					Contact phone number:		
City, state, and 2	ZIP code						side of your normal workplace
Willowick, Oh	io 44141				for any time in 202	1 In respon	side of your normal workprace se to COVID-19.
Reason fo	r Claim				See Checkbox No.	2 below.	

Check the Box below that applies.

- A separate 10a is required if you have multiple W-2 forms, or for each municipality from which a refund is requested.
- No refunds will be issued without the proper documentation indicated by reason for claim.
- 1. Age Exemption. Date of Birth license, etc.). If you were under age for only part of the year, you must either: (1) have your employer sign the completed Employer Certification on page 2; or (2) attach a copy of your pay stub for the pay period in which your birthday fell. Exceptions to the 18 years of age or older exemption exist. For age exemption qualifications, visit ritachio.com, select the RITA municipality in which you worked and review the Special Notes section that relates to the appropriate tax year.
- 2. Z Days Worked From Home. Days worked outside of municipality for which the employer withheld tax, and instead you worked from home (remote). Attach a copy of your W-2 Form, a completed Log of Days Out Worksheet on page 3, and a completed Calculation for Days Worked Out of RITA on page 3. Your employer must sign the Employer Certification on page 2. If any of the days worked from home were in response to the COVID-19 pandemic, please check the box at the top right of this page.
- 3. Other Days Worked Outside of municipality for which the employer withheld tax (other than days worked at home). Attach a copy of your W-2 Form, a completed Log of Days Out Worksheet on page 3, and a completed Calculation for Days Worked Out of RITA on page 3. In addition, your employer must sign the Employer Certification on page 2. If any of the days worked outside of the municipality were in response to the COVID-19 pandemic, please check the box at the top right of this page.
- 4. Employer withheld at a rate higher than the employment municipality's tax rate. Attach a copy of your W-2 Form and a completed Calculation of Overpayment on page 2. Your employer must sign the Employer Certification on page 2. Do Not Use for COVID-19.
- 5. Employer withheld too much (over-withheld) residence municipality tax. Attach a copy of your W-2 Form. Your employer must sign the Employer Certification on page 2.

Withheld by mistake for the municipality of \_\_\_\_\_\_\_ when I actually worked in the municipality of \_\_\_\_\_\_\_ Attach a copy of your W-2 Form. Your employer must sign the Employer Certification on page 2. Indicate the address where you actually worked in the box below. Do Not Use for COVID-19.

- 7. Over-the-road truck driver. The wages of an interstate truck driver regularly assigned to drive in more than one state are only taxable by the driver's municipality of residence. Intrastate truck drivers may be eligible to receive up to a 90% retund from their principal place of work. (A logging of your work locations, to support a retund of the tax withheid from your principal place of work is required). Attach a copy of your W-2. In addition, your employer must sign the Employer Certification (pg. 2).
- 8. Military Spouse Residency Relief Act. Attach copies of W-2 Form, Form DD 2058, valid military spouse ID card and service member's most recent LES. Only the completion of the Claim Summary below is required.
- 9. Other (Indicate Reason). Attach W-2 Form and other applicable documentation, and a completed Calculation of Overpayment on page 2. Your employer must sign the Employer Certification on page 2. Do Not Use for COVID-19.
- 10. Refund of overpayment on account if you have already filed Form 37 or you are not required to file. Employer certification is not required.

Claim Summary – Submit one claim per form. Please complete a separate 10A if multiple employers/municipalities exist.

1 Employer Federal ID #		Employer Name		
345555616	1	Sample Employer 2		
2 RITA Municipality for which tax was withheld (from W-2, Box 20). RITA cannot refund tax withheld to a Non-RITA municipality		Mentor		
Amount of income not taxable. Enter -0- for reasons 4 and 5. For all other reasons enter the amount of wages you are claiming are nottaxable 3				
4 Amount of over withholding claimed (Box A-9 on page 2 or Line 10 on	page	e 3)	4	1,475
5 Amount of over withholding you want applied as a payment to your ind instead of being refunded to you. Enter -0- if you want all of your refu	nd se	ent to you	5	1,475
Provide the social security number of the account to which you want amount on line 5 to be credited	the	SSN of account to be credited 999-99-9992		
6 Net amount to be refunded. Subtract line 5 from line 4. Amounts \$10	) or l	ess will not be refunded.	6	0

#### **ON PAGE 1:**

- Jed completes the demographic section at the top
- Chooses reason #2 for Days
   Worked from home.
- Checks the box indicating the refund is a result of Days worked away from the office in response to COVID-19.



#### Check the Box below that applies.

- A separate 10a is required if you have multiple W-2 forms, or for each municipality from which a refund is requested.
- No refunds will be issued without the proper documentation indicated by reason for claim.

#### MMDD/YYYY)

- Age Exemption. Date of Birth\_\_\_\_\_\_ Attach a copy of your W-2 form and proof of birthdate (birth certificate, driver's license, etc.). If you were under age for only part of the year, you must either: (1) have your employer sign the completed Employer Certification on page 2; or (2) attach a copy of your pay stub for the pay period in which your birthday fell. Exceptions to the 18 years of age or older exemption exist. For age exemption qualifications, visit ritaohio.com, select the RITA municipality in which you worked and review the Special Notes section that relates to the appropriate tax year.
- 2. Z Days Worked From Home. Days worked outside of municipality for which the employer withheld tax, and instead you worked from home (remote). Attach a copy of your W-2 Form, a completed Log of Days Out Worksheet on page 3, and a completed Calculation for Days Worked Out of RITA on page 3. Your employer must sign the Employer Certification on page 2. If any of the days worked from home were in response to the COVID-19 pandemic, please check the box at the top right of this page.
- 2 III Olive Dense Witched Onderide of envelopments the for ordered witched dense for dealers and of the environment of the e

#### ALSO ON PAGE 1:

# Jed completes the Claim Summary at the bottom of the page.

|--|

1 Employer Federal ID # 345555616	-	Employer Name		
343330010	1	Sample Employer 2		
2 RITA Municipality for which tax was withheld (from W-2, Box 20). RITA cannot refund tax withheld to a Non-RITA municipality				
3 Amount of income not taxable. Enter -0- for reasons 4 and 5. For all ot amount of wages you are claiming are nottaxable	3	73,750		
4 Amount of over withholding claimed (Box A-9 on page 2 or Line 10 or pa	4	1,475		
5 Amount of over withholding you want applied as a payment to your indi instead of being refunded to you. Enter -0- if you want all of your refunded.			5	1,475
Provide the social security number of the account to which you want to amount on line 5 to be credited	he	SSN of account to be credited 999-99-9992		
6 Net amount to be refunded. Subtract line 5 from line 4. Amounts \$10	6	0		

#### ON PAGE 3:

Jed completes the
 Calculation of Days
 Worked Outside of
 RITA Municipality

	oyee's SSN		Tax Year of Claim
Jed Masters 999-6	99-9992		2021
Calculation of Days Worked Outside of RITA Municipality – ( Reasons 2 or 3.	Complete fo	r Re	fund Claim
1 Total workdays available. If you normally work a 5 day work week and you worked for y the entire year, enter 260 (52 weeks times 5 days). Otherwise, enter the number of days worked in a week times the number of weeks worked (cannot exceed 260).	1	260	
2 Days not worked. Enter total number of days included on line 1 that you did not work due personal days, sick days, and vacation days	e to holidays,	2	43
3 Total days actually worked. Subtract line 2 from line 1		3	217
4 Days worked outside of the municipality for which tax was withheld. A log of days out mus (see below). For purposes of this refund claim, if you worked in another municipality that tax, the wages earned in that municipality are subject to tax in that municipality.	4	127	
		Ĥ	
5 Days worked in the municipality for which tax was withheld. Subtract line 4 from line	23	5	90
6 Percentage of wages earned in the municipality. Divide line 5 by line 3		6	41%
7 Total municipal taxable wages. For most taxpayers, this is the larger of Box 5 or 18 from the larger of Box 5 or 18 fro	m your W-2	7	125,000
7A Amount of municipal tax withheld to the municipality (W2 Box 19)		7A	2,500
8 Wages taxable to municipality for which tax was withheld. Multiply line 6 by line 7		8	51,250
8A Multiply line 8 by workplace tax rate	8A	1,025	
9 Wages not taxable to municipality for which tax was withheld. Subtract line 8 from lin and on Page 1, line 3	9	73,750	
10 Amount of over withholding claimed. Amount of over withholding claimed. Subtract line 7A. Enter here and on Page 1, line 4	10	1,475	

#### ALSO ON PAGE 3:

- Jed completes the Log of Days Out.
- This total does not include days in the office or days not worked (Vacation, Holiday, Sick or Personal time off.)

#### Log of Days Out

List the names of the municipalities/locations where you worked while working outside of the municipality for which tax was withheld, and the number of days worked in those municipalities/locations. Your own worksheet is acceptable. Use additional paper if necessary.

Travel Date/s	Work Location	Reason	# Days	Travel Date/s	Work Location	Reason	# Days
JAN	HOME		16				
FEB	HOME		19				
MARCH	HOME		22				
APRIL	HOME		22				
MAY	HOME		15				
JUNE	HOME		17				
JULY	HOME		1				
AUG	HOME		2				
SEPT	HOME		1				
ост	HOME		5				
NOV	HOME		5				
DEC	HOME		2				
					of Days worked outside employer withheld tax	of municipality	127

#### Employer Certification

#### Employer Representative's Explanation of Reason for Refund and Signature

Date

The undersigned employer representative states that during the year referenced above the employer withheid municipal income tax from the above named employee in excess of the employee's liability; that the above referenced employee was employed during the period referenced above; that the employer has examined this claim for refund in its entirety including any accompanying schedules and statements; and that the employer representative can attest that the information reported on this claim with respect to time worked in the municipality withheid is true and accurate.

In addition, the undersigned employer representative verifies that no portion of the over-withheid tax has been or will be refunded directly to the employee by the employer, and that no adjustments to the employer's withholding account related to this claim have been or will be made.

		HR MANAGER	01/11/2022	(440) 777-0000					
_	Representative's Signature	's Signature Representative's Title		Representative's Phone Number					
	-								
			DAYS WORKED FROM	MHOME					
	Print Representative's Name	Print Representative's Title	Explanation of Reason fo	F Refund (example-"taxpayer works from home 4 days")					
	Taxpayer's Signature								
	Under penalties of perjury, I declare that I have examined this claim, and to the best of my knowledge and belief, it is true, correct and complete. I understand								
	4			and the Internal Revenue Service. I further					
	understand that if this refund changes my	/ RITA residence tax, an amende	ed return must be filed before the re	efund will be issued. I also understand that if I					

understand that if this refund changes my RITA residence tax, an amended return must be filed before the refund will the have an unpaid balance due, this refund will be applied to that balance due.

(440) 237-4444 Taxpayer's Daytime Phone (440) 526-1111 Taxpayer's Evening Phone

#### To avoid delays:

Taxpayer's Signature

- Mail this form along with the required documents indicated under your "Reason for Claim" on page 1 to the address shown at right; and
- If filing Form 37, attach the 10A to the completed return and mail them together.

Mail with required documentation to: Regional Income Tax Agency PO Box 95422 Broadview Hts. OH 44101-0033

#### ON PAGE 2:

- Jed's employer completes and signs the Employer Certification.
- Jed signs the form and mails to the Address for refunds listed on the form.

#### FOR TAX YEAR 2021 JED:

- Has \$73.750 exempt from Mentor withholding, or a \$1475 Gross refund amount.
- Owes Willowick \$1475 on the exempt income.
- Is due a net Refund of \$0 for days worked out.

Claim Summary - Submit one claim per form. Please complete	a s	eparate 10A if multiple emp	loyer	rs/municipalities exist.
1 Employer Federal ID # 345555616	1	Employer Name Sample Employer 2		
2 RITA Municipality for which tax was withheld (from W-2, Box 20). RITA cannot refund tax withheld to a Non-RITA municipality	2	Mentor		
3 Amount of income not taxable. Enter -0- for reasons 4 and 5. For all ot amount of wages you are claiming are nottaxable	3	73,750		
4 Amount of over withholding claimed (Box A-9 on page 2 or Line 10 on	bage	ə 3)	4	1,475
5 Amount of over withholding you want applied as a payment to your indi instead of being refunded to you. Enter -0- if you want all of your refur	-	5	1,475	
Provide the social security number of the account to which you want to amount on line 5 to be credited	ne	SSN of account to be credited 999-99-9992		
6 Net amount to be refunded. Subtract line 5 from line 4. Amounts \$10	or I	ess will not be refunded.	6	0

#### **EXAMPLE 3**

- **Diana Prince**  $\mathbf{O}$
- Works in Independence, lives in Cleveland
- Earned \$100,000 in 2021
- Had days out in 2021 due to WFH in response to COVID
- January through June was WFH full time
- July through September worked 2 days per week in office
- October through December worked 3 days per week in office
- Had 38 vac/sick/holidays

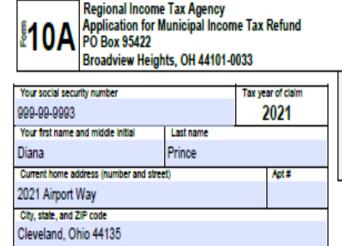
Regional Income Application for M PO Box 95422 Broadview Heigh	lunicipal Incom		Refund			800.860.7482 TDD 440.526.5332 ritaohio.com			
Your social security number         Tax year of claim           999-99-9993         2021				To avoid delays in your refund request, please review the instruction page for guidelines and claim specifics. Frequently asked questions regarding Refunds can be					
Your first name and middle initial	Last name				found on RITAOhio.com under				
Diana	Prince				FAQs/Individual FAQ/Refunds.				
Current home address (number and stree	t)		Apt#						
2021 Airport Way				Contact phone number:					
City, state, and ZIP code									
Cleveland, Ohio 44135			Check here if you worked outside of your normal workplace for any time in 2021 in response to COVID-18.						
Reason for Claim See Cheokbox No. 2 below.									

Check the Box below that applies.

- A separate 10a is required if you have multiple W-2 forms, or for each municipality from which a refund is requested.
- No refunds will be issued without the proper documentation indicated by reason for claim
  - MMIDDAYYYY
- Age Exemption. Date of Birth\_\_\_\_\_\_\_Attach a copy of your W-2 form and proof of birthdate (birth certificate, driver's license, etc.). If you were under age for only part of the year, you must either: (1) have your employer sign the completed Employer Certification on page 2; or (2) attach a copy of your pay stub for the pay period in which your birthday fell. Exceptions to the 18 years of age or older exemption exist. For age exemption qualifications, visit ritachio.com, select the RTA municipality in which 1. Age Exemption. Date of Birth you worked and review the Special Notes section that relates to the appropriate tax year.
- 2. 
  Days Worked From Home. Days worked outside of municipality for which the employer withheld tax, and instead you worked from home (remote). Attach a copy of your W-2 Form, a completed Log of Days Out Worksheet on page 3, and a completed Calculation for Days Worked Out of RITA on page 3. Your employer must sign the Employer Certification on page 2. If any of the days worked from home were in response to the COVID-19 pandemic, please check the box at the top right of this page.
- 3. Other Days Worked Outside of municipality for which the employer withheld tax (other than days worked at home). Attach a copy of your W-2 Form, a completed Log of Days Out Worksheet on page 3, and a completed Calculation for Days Worked Out of RITA on page 3. In addition, your employer must sign the Employer Certification on page 2. If any of the days worked outside of the municipality were in response to the COVID-19 pandemic, please check the box at the top right of this page.
- 4. Employer withheld at a rate higher than the employment municipality's tax rate. Attach a copy of your W-2 Form and a completed Calculation of Overpayment on page 2. Your employer must sign the Employer Certification on page 2. Do Not Use for COVID-19
- 5. Employer withheld too\_much (over-withheld) residence municipality tax. Attach a copy of your W-2 Form. Your employer must sign the Employer Certification on page 2.
- 6. Withheld by mistake for the municipality of when I actually worked in the municipality of Attach a copy of your W-2 Form. Your employer must sign the Employer Certification on page 2. Indicate the address where you actually worked in the box below. Do Not Use for COVID-19. Work Location Street Address
- 7. Over-the-road truck driver. The wages of an interstate truck driver regularly assigned to drive in more than one state are only taxable by the driver's municipality of residence. Intrastate truck drivers may be eligible to receive up to a 90% retund from their principal place of work. (A logging of your work locations, to support a retund of the tax withheld from your principal place of work is required). Attach a copy of your W-2. In addition, your employer must sign the Employer Certification (pg. 2).
- Military Spouse Residency Relief Act. Attach copies of W-2 Form, Form DD 2058, valid military spouse ID card and service member's most recent LES. Only the completion of the Claim Summary below is required.
- Other (Indicate Reason). Attach W-2 Form and other applicable documentation, and a completed Calculation of Overpayment on page 2. Your employer must sign the Employer Certification on page 2. Do Not Use for COVID-19.
- 10. Refund of overpayment on account if you have already filed Form 37 or you are not required to file. Employer certification is no required.
- Claim Summary Submit one claim per form. Please complete a separate 10A if multiple employers/municipalities exist. Employer Name 1 Employer Federal ID # 34555561 Sample Employer 3 2 RITA Municipality for which tax was withheld (from W-2, Box 20), RITA cannot refund tax withheld to a Non-RITAmunicipality 2 Independence 3 Amount of income not taxable. Enter -0- for reasons 4 and 5. For all other reasons enter the 66,000 amount of wages you are claiming are nottaxable 1,320 4 Amount of over withholding claimed (Box A-9 on page 2 or Line 10 on page 3) 5 Amount of over withholding you want applied as a payment to your individual or joint account 0 instead of being refunded to you. Enter -0- if you want all of your refund sent to you Provide the social security number of the account to which you want the SSN of account to be credited amount on line 5 to be credited 6 Net amount to be refunded. Subtract line 5 from line 4. Amounts \$10 or less will not be refunded. 1,320

#### **ON PAGE 1:**

- Diana completes the demographic section at the top
- Chooses reason #2 for Days Worked from home.
- Checks the box indicating the refund is a result of Days worked away from the office in response to COVID-19.





800.860.7482 TDD 440.526.5332 ritaohio.com

To avoid delays in your refund request, please review the instruction page for guidelines and claim specifics. Frequently asked questions regarding Refunds can be found on RITAOhio.com under FAQs/Individual FAQ/Refunds.

Contact phone number:

Check here if you worked outside of your normal workplace for any time in 2021 in response to COVID-18. See Checkbox No. 2 below.

Check the Box below that applies.

Reason for Claim

· A separate 10a is required if you have multiple W-2 forms, or for each municipality from which a refund is requested.

- No refunds will be issued without the proper documentation indicated by reason for claim.

#### MW/DD/YYYY)

- Age Exemption. Date of Birth Attach a copy of your W-2 form and proof of birthdate (birth certificate, driver's license, etc.). If you were under age for only part of the year, you must either: (1) have your employer sign the completed Employer Certification on page 2; or (2) attach a copy of your pay stub for the pay period in which your birthday fell. Exceptions to the 18 years of age or older exemption exist. For age exemption qualifications, visit ritachio.com, select the RITA municipality in which you worked and review the Special Notes section that relates to the appropriate tax year.
- 2. Days Worked From Home. Days worked outside of municipality for which the employer withheld tax, and instead you worked from home (remote). Attach a copy of your W-2 Form, a completed Log of Days Out Worksheet on page 3, and a completed Calculation for Days Worked Out of RITA on page 3. Your employer must sign the Employer Certification on page 2. If any of the days worked from home were in response to the COVID-19 pandemic, please check the box at the top right of this page.

#### ALSO ON PAGE 1:

Diana completes the Claim
 Summary at the bottom of the page.

#### Claim Summary — Submit one claim per form. Please complete a separate 10A if multiple employers/municipalities exist.

		_• <b>·</b> • •		•		
1 Employer Federal ID # 345555618	1	Employer Name Sample Employer 3				
2 RITA Municipality for which tax was withheld (from W-2, Box 20). RITA cannot refund tax withheld to a Non-RITA municipality	2	Independence				
3 Amount of income not taxable. Enter -0- for reasons 4 and 5. For all ot amount of wages you are claiming are not taxable	3	66,000				
	4 Amount of over withholding claimed (Box A-9 on page 2 or Line 10 on page 3)					
5 Amount of over withholding you want applied as a payment to your indi- instead of being refunded to you. Enter -0- if you want all of your refunded.		ent to you	5	0		
Provide the social security number of the account to which you want to amount on line 5 to be credited	he	SSN of account to be credited				
6 Net amount to be refunded. Subtract line 5 from line 4. Amounts \$10	or l	ess will not be refunded.	6	1,320		

#### ON PAGE 3:

Diana completes the
 Calculation of Days
 Worked Outside of
 RITA Municipality

Name of employee shown on page 1 Diana Prince	Employee's SSN 999-99-9993	Tax Year of Claim 2021
Calculation of Days Worked Outside of RITA M Reasons 2 or 3.	Iunicipality – Complete for	Refund Claim

1 Total workdays available. If you normally work a 5 day work week and you worked for your entite entire year, enter 260 (52 weeks times 5 days). Otherwise, enter the number of days you normally work a 5 days.			
worked in a week times the number of weeks worked (cannot exceed 260).		1	260
2 Days not worked. Enter total number of days included on line 1 that you did not work due to he personal days, sick days, and vacation days	olidays,	2	38
3 Total days actually worked. Subtract line 2 from line 1		3	222
4 Days worked outside of the municipality for which tax was withheld. A log of days out must be in (see below). For purposes of this refund claim, if you worked in another municipality that has a			
tax, the wages earned in that municipality are subject to tax in that municipality.	4	147	
5 Days worked in the municipality for which tax was withheld. Subtract line 4 from line 3	5	75	
6 Percentage of wages earned in the municipality. Divide line 5 by line 3	6	34%	
7 Total municipal taxable wages. For most taxpayers, this is the larger of Box 5 or 18 from you	ur W-2	7	100,000
7A Amount of municipal tax withheld to the municipality (W2 Box 19)		7A	2,000
8 Wages taxable to municipality for which tax was withheld. Multiply line 6 by line 7		8	34,000
8A Multiply line 8 by workplace tax rate	Tax Rate 2.0	8A	680
9 Wages not taxable to municipality for which tax was withheld. Subtract line 8 from line 7.1 and on Page 1, line 3	Enter here	9	66,000
10 Amount of over withholding claimed. Amount of over withholding claimed. Subtract line 8A f 7A. Enter here and on Page 1. line 4	from line	10	1,320

#### ALSO ON PAGE 3:

- Diana completes the Log of Days Out.
- This total does not include days in the office or days not worked (Vacation, Holiday, Sick or Personal time off.)

#### Log of Days Out

List the names of the municipalities/locations where you worked while working outside of the municipality for which tax was withheld, and the number of days worked in those municipalities/locations. Your own worksheet is acceptable. Use additional paper if necessary.

	-						-
Travel Date/s	Work Location	Reason	# Days	Travel Date/s	Work Location	Reason	# Days
JAN	HOME		14				
FEB	HOME		14				
MARCH	HOME		13				
APRIL	HOME		22				
MAY	HOME		20				
JUNE	HOME		21				
JULY	HOME		11				
AUG	HOME		12				
SEPT	HOME		11				
ост	HOME		3				
NOV	HOME		4				
DEC	HOME		2				
					of Days worked outside employer withheld tax	of municipality	147

#### ON PAGE 2:

- Diana's employer
   completes and signs —
   the Employer
   Certification.
- Diana signs the form and mails to the Address for refunds listed on the form.

#### Employer Certification

#### Employer Representative's Explanation of Reason for Refund and Signature

The undersigned employer representative states that during the year referenced above the employer withheld municipal income tax from the above named employee in excess of the employee's liability; that the above referenced employee was employed during the period referenced above; that the employer has examined this claim for refund in its entirety including any accompanying schedules and statements; and that the employer representative can attest that the information reported on this claim with respect to time worked in the municipality withheld is true and accurate.

In addition, the undersigned employer representative verifies that no portion of the over-withheld tax has been or will be refunded directly to the employee by the employer, and that no adjustments to the employer's withholding account related to this claim have been or will be made.

	HR MANAGER	01/11/2022	(440) 777-0000				
Representative's Signature	Representative's Title	Date	Representative's Phone Number				
		DAYS WORKED FROM H	OME				
Print Representative's Name	Print Representative's Title	Explanation of Reason for Refund (example-taxpayer works from home 4d					
that this information may be releas understand that if this refund chang	ed to the tax administrator of the reside	ent or workplace municipality and return must be filed before the refund	s true, correct and complete. I understand the Internal Revenue Service. I further I will be issued. I also understand that if I				
Que Rine	01/11/2022	(440) 237-4444	(440) 528-1111				
Taxpaver's Signature	Date	Taxpaver's Davtime Phone	Taxpaver's Evening Phone				

#### FOR TAX YEAR 2021 DIANA:

- Has \$66,000 exempt from Independence withholding, or an \$1320 Gross refund amount.
- Will need to indicate non-withheld income of \$66,000 on her Cleveland Resident return due to the workplace refund from Independence.

1 Employer Federal ID # DASESSON		Employer Name		
345555618	1	Sample Employer 3		
2 RITA Municipality for which tax was withheld (from W-2, Box 20). RITA cannot refund tax withheld to a Non-RITAmunicipality	2	Independence		
3 Amount of income not taxable. Enter -0- for reasons 4 and 5. For all ot amount of wages you are claiming are nottaxable	3	66,000		
4 Amount of over withholding claimed (Box A-9 on page 2 or Line 10 on p	4	1,320		
5 Amount of over withholding you want applied as a payment to your indivinstead of being refunded to you. Enter -0- if you want all of your refunded.		•	5	0
Provide the social security number of the account to which you want th amount on line 5 to be credited	e	SSN of account to be credited		
6 Net amount to be refunded. Subtract line 5 from line 4. Amounts \$10	or k	ess will not be refunded.	6	1,320

Claim Summary - Submit one claim per form. Please complete a separate 10A if multiple employers/municipalities exist.

# 2021 Form 37 Individual Income Tax Return Income

- How should a taxpayer reflect a workplace withholding refund on the Form 37?
- How about in MeF, MyAccount and FastFile?
- What about calculating a tax year 2022 estimate?

### Tax Year 2021 Form 37 Instructions for Refunded Withholding

**Column 2:** Enter the total amount of local/municipal income tax withheld from your wages/winnings for the municipality where you worked or won. **Do not include any school district taxes** withheld from your wages. If you have received or applied for ~ a refund of any tax withheld from your wages you must reduce the amount of withholding you report in this column by the refund amount.

Regional Income Tax Agen RITA Individual Incom Do not use staples, tape or g	er Tax Return <b>2021</b>		800.860.7482 TDD: 440.526.5332 ritaohio.com
Your social security number Your first name and middle initial	Spouse's social security number		Filing Status: Single or Married Filing Separately Joint
If a joint return, spouse's first name and middle initia	Last name		If you have an EXTENSION check here and attach a copy: EXTENSION
CURRENT MAILING address (number and street) City, state, and ZIP code	L	Apt#	<ul> <li>If this is an AMENDED return, check here:</li> <li>In the space provided below, state why you are filing an AMENDED return. Attach an explanation if you require additional space.</li> </ul>
Daytime phone number	Evening phone number		Residency Status in RITA Municipalities: Full-Year Part-Year Non-Resident

City/Village/Township of Residence - Required

In the boxes below, indicate the physical location of your residence(s) for all of 2021 and up to and including the date you file this return. This may be different from your mailing address. In addition, if you moved during 2021, list the effective date of the move into the city/village/ township, city/village/township and address in the appropriate boxes. Why? Mailing address does not always correspond to the city/village/ which you live. This required information determines the appropriate taxing jurisdiction for municipal income tax purposes. If you moved more than once, supply the additional information on a separate sheet.

Effective Date City/ Village/ Township Address

1/1/2021		
Contion A		

Section A

List all income from W-2 wages and W-2G winnings reported in 2021 and the amount of local/city tax withheld while living in a RTA municipality. In general, unless you moved into or out of a RITA municipality during the year, your taxable wages cannot be less than Medicare wages (Box 5 of your W-2). List all tax withheld for your resident municipality in Column 3 ONLY (even if you worked in the municipality where you lived). In Column 4, indicate the name of the municipality in which you physically worked. This may be different from the employer's address shown on the W-2. If you did not work in a city or village enter 'None' in Column 4. DO NOT ENTER SCHOOL DISTRICT TAX IN COLUMNS 2 or 3.

did flot work	in a city of village	enter None in v	Column 4, DO NO	DT ENTER SCHOO	E DISTRICT TAX	IN COLUMNS 2	013.		
	Column 1	Column 2	Column 3	Column 4	Column 5		Column 6		
	W-2/W-2 G Income	Local/City Tax Withheld for	Local/City Tax Withheld for	Workplace/ Winning	Resident Municipality		Wages Earned	Date of winnings	
W-2/W-2G er Here or glue	(s. instructions for qualifying wages)	Workplace/ Winning Municipality	Resident Municipality	Municipality (City or village where you worked)	(City or village where you lived)	From Date MM/DD/YY	Thru Date MM/DD/YY	Date Won MM/DD/YY	
o of pe									
City copy Forms or Money staples, ta									
eck o use :									
clip Lo and Chy Do not									
Paperclip and Do I	For Full or Part Year Residents in RITA Municipalities - Enter Column 1 Total onto Page 2, Line 1a; enter Column 2 Total onto Page 2, L								
Totals 0 0 0 enter Column 3 Total onto Page 2, Line 7a. For Non-Resi workplace wages - Go to Page 3, Schedule K, Line 34 to cc							n-Residents re	equired to file o	
	Tax balances are due by April 18, 2022. Submitting an incomplete form could subject you to penalty and interest if a tax balance is due. If you want RITA to calculate your taxes, please use the online eFile system at ritachio.com. It is easy to use, secure an tion will calculate your taxes immediately.								

### Tax Year 2021 Form 37 Instructions for Refunded Withholding

Line 4a – Tax Withheld for Workplace Municipality: Enter the total tax withheld from Section A, Column 2. Do not include withholding for your resident municipality or school district on this line. Do not include any amounts that are refunded to you.

ection E	3					
or NON	1 a	Total W-2/W-2G income from Page 1, Section A, Column 1.	1a			
-2/	b	Total self-employment, rental, partnership, and (if applicable)			1	
chedule		S-Corp. income as well as any other taxable income from Page				
e Pages		<ol><li>Schedule J, Line 29, Column 7. If less than zero, enter -0</li></ol>	1b			
5 before	2	Total taxable income. Add Lines 1a and 1b.	2			
arting action B.	3	Multiply Line 2 by the tax rate of your resident municipality from the tax Enter the tax rate of your resident municipality here:	table	2.	3	
	4 a	Tax withheld for all municipalities other than your municipality of residence				
ithheld		from Page 1, Section A, Column 2. Do not enter estimated tax payments.	4a		4	
xes own on	b	Direct payments from Page 3, Schedule K, Line 37. Do not enter tax withheld from your wages and/or estimated tax payments on this ine.	4ь			
ur W-2	5 a	Add Lines 4a and 4b.	40 5a		1	
ms are ported on		Total tentative credit from Credit Rate Worksheet, Crown E located at the	Da		1	
her Line	-	bottom of this page. Your resident municipality's credit rate:	5b			
or 7a.	c	Enter the smaller of Line 5a or Line 5b.	5c		1	
our	6	Multiply Line 5c by the creat factor of your resident municipality from			1	
ident		the tax table. Your resident municipality's credit factor:	6			
y/village s a Credit	7 a	Tax withbold for your resident municipality from Page 1, Section A,			1	
te of 0%;		Column 3. Do not enter estimated tax payments (see instructions).	7a		1	
ter-0- on ne 5b, 5c	-	Tax paid by your partnership/8-corp./trust to YOUR RESIDENT municipality(from Worksheet R)	7b			
d Line 5	8	Total credits allowable. (Add Lines 6, 7a, and 7b.)			8	
ne 7a. You	9	Subtract Line 8 from Line 3.	9			
complete	10	Tax on non-withheld wages from Page 3, Schedule K, Line 34.	10			
Credit	11	Tax on Schedule J Income from Page 3, Line 33, Column 7.	11		1	
ite orksheet.	12	TAX DUE RITA BEFORE ESTIMATED PAYMENTS. Add Lines 9, 10 zero, enter-0- and file Form 10A (see instructions).	) and	11. If less than	12	
efunds:	13	2021 Estimated Tax Payments made to RITA. Do not enter tax				
avoid lays in		withheld from your W-2s. Only include payments made for the	13			
ocessing	14	2021 tax year.	14		1	
ur refund, all your	15	Credit carried forward from 2020. TOTAL CREDITS AND ESTIMATED PAYMENTS. Add Lines 13 and			15	
burn to the	16				15	
Idress ted in the	16	Balance Due. If Line 15 is less than Line 12, subtract Line 15 from Line 12. If the amount is \$10 or less, enter -0	1e	•	16	
wer right nd corner	17	If Line 15 is GREATER than 12, subtract Line 12 from Line 15 and enter	er OV	ERPAYMENT.	17	
this page.	18	Amount you want credited to your 2022 estimated tax.	18			
efunds of x withheid	19	Amount to be refunded. You may not split an overpayment			1	
m your		between a refund and a credit. Amounts \$10 or less will not be	19			
ages must applied		refunded. Allow 90 days for your refund.				
r on Form	20 a	Enter 2022 estimated tax in full (see instructions). Estimates are			1	
A.	_	due 4/15/22, 6/15/22, 9/15/22 and 1/15/23.	20a			
ownload orm 10A at		Enter first quarter estimate (1/4 of Line 20a).	20b			
ohio.com	21	Subtract Line 18 from Line 20b.			21	

60

# Form 37 Examples

- Wanda Maximoff 2021 Form 37
   Form 10a Example 1
- Jed Masters 2021 Form 37
   Form 10a Example 2
- Jon Anderson 2021 Form 37
  - RITA Resident with Non-RITA workplace refund

#### **EXAMPLE 1**

- o Wanda Maximoff
- Works in North Olmsted, lives in Westlake
- Earned \$60,000 in 2021
- Had days out in 2021 due to WFH in response to COVID.
- January through June was WFH full time
- July 1 started 2 days per week in the office.
- Had 30 vac/sick/holidays



999-99-9991			<ul> <li>Single or Married Filing Separately</li> </ul>
Your first name and middle initial Warnda If a joint return, apouas's first name and middle initial	Last name Maximoff Last name		I joint If you have an EXTENSION check here and attach a copy: EXTENSION
CURRENT MAILING address (number and street) 2800 Sherwood Dr.		Apt#	If this is an AMENDED return, check here: In the space provided below, state why you are filing : AMENDED return. Affanch an explanation if you required additional assoc.
City, state, and ZIP code Westlake, Ohio 44145			
Daytime phone number	Evening phone number		Residency Status in RITA Municipalities:

#### City/Village/Township of Residence - Required

In the bases below, indicate the physical location of your residence(s) for all of 2021 and up to and including the date you file this return. This may be different from your mailing address. In addition, if you moved during 2021, list the effective date of the move into the chyvillage/ township, chyvillage/advership and address in the appropriate bases. Why? Mailing address does not always correspond to the chyvillage/advership in which you live. This required information determines the appropriate basing juried clion for municipal income tax purposes. If you moved more than once, supply the addition on a separate sheet.

Effective Date City/ Village/ Tow nship Address

[	1/1/2021	Westlake	2800 Sherwood Drive Westlake, Ohio 44145

#### Section A

List all income from W-2 weges and W-20 winnings reported in 2021 and the amount of local/kity tax withheld while living in a RITA municipality. In general, unless you moved into or out of a RITA municipality during the year, your taxable weges cannot be less than Medicare weges (Box 5 of your W-2). List all tax withheld for your resident municipality in Column 3 ONLY (even if you worked in the municipality where you lived). In Column 4, indicate the name of the municipality in which you physically worked. This may be different from the employer's address shown on the W-2. If you did not work in a day or village enter "None" in Column 4, ON OT ENTER SCHOOL DISTRICT TAX IN COLUMNS 2 or 3.

	Column 1	Column 2	Column 3	Column 4	Column 5		Column 6	
-	W-2/W-2 G Income	Local/City Tax Withheld for	Local/City Tax Withheld for	Workplace/ Winning	Resident Municipality	Dates Wages Were Earned		Date of winnings
r Hare r glue	(see instructions for qualifying wages)	Workplace/ Winning Municipality	Resident Municipality	Municipality (City or village where you worked)	(City or village where you lived)	From Date MIM/DD/YY	Thru Date MM/DD/YY	Date Won MM/DD/YY
y order y Order tape or	15,600	312	0	North Olimated	Westlake	01/01/21	12/31/21	
Dity copy Forms X Money staples, to	44,400	0	0	Non Taxing	Westake	01/01/21	12/31/21	
8 88								
milip Locally and Check o Do not use								
10 8 Č								
2				For Full or Part Column 1 Total on				
Totals	60,000	312	0	enter Column 3 Tr workpiece weges				
<u> </u>	is due. If you w		18, 2022. Submit late your taxes,	ing an incomplete please use the on	form could subje	ct you to penalt	y and interest if	a tax balance

Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of municipal taxable income I received during the tax year.

WER	01/11/22	Jimmy McGII	01/11/22
Your Signature	Dete	Preparer/s Name (Please Print)	Date
		141	
Spouse's Signature if a joint return	Dete	Preparer's Signature	D Number
May RTA discuss this return with the pr	eparer shown abo	ve? 🗹 Yes 🔲 No Preparer Phone #:	(440) 777-1234
Filing is mandatory for most residen	ts:see "Filing Req	uirements" on page 1 of the instructions for F	form 37 exemptions.

#### **ON PAGE 1:**

- Wanda completes the  $\mathbf{O}$ demographic section at the top
  - Single Filer check box 0
  - Full Year Resident check box  $\bigcirc$
- Indicates Westlake as City of Ο residence.

	Single     Joint     f you have     copy:
	If you have
Aste	If this is an in the spec
	AMENDED additional a
ber -	
	Residency 2 Full-

Regional Income Tax Agency RITA Individual Income Tax Return

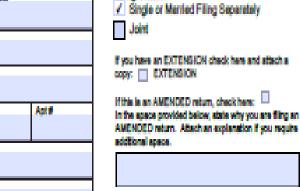
Do not use staples, tape or glue

#### City/Village/Township of Residence - Regulared

In the boxes below, indicate the physical location of your residence(s) for all of 2021 and up to and including the date you file this return. This may be different from your mailing address. In addition, if you moved during 2021, list the effective date of the move into the city/slage/ township, city/illage/covnship and address in the appropriate boxes. Why? Mailing address does not always correspond to the city/illage/covnship in which you live. This required information determines the appropriate taxing jurisdiction for municipal income tax purposes. If you moved more than once, supply the additional information on a separate sheet.

#### Effective Date City/ Vilace/ Tow rahip Address

1/1/2021	Westlake	2800 Sherwood Drive Westlake, Ohio 44145
		i i



REGIONAL INCOME

**Residency Status in RITA Municipalities:** Full Year Part Year Non-Resident

800.880.7482 TDD: 440 508 5332 lachie com

#### ALSO ON PAGE 1:

- Wanda completes Section A.
  - Due to the refund from the workplace of North Olmsted, Wanda will have 2 wage entries in Section A.
    - \$15,600 which represents the "taxed" income from the 10a form
    - \$44,400 which represents the "non-taxed" income after the workplace tax refund from North Olmsted.

#### Section A

List all income from W-2 wages and W-2G winnings reported in 2021 and the amount of local/dity tax withheld while living in a RITA municipality. In general, unless you moved into or out of a RITA municipality during the year, your taxable wages cannot be less than Medicare wages (Box 5 of your W-2). List all tax withheld for your resident municipality in Column 3 ONLY (even if you worked in the municipality where you lived). In Column 4, indicate the name of the municipality in which you physically worked. This may be different from the employer's address shown on the W-2. If you did not work in a dity or village enter "None" in Column 4. DO NOT ENTER SCHOOL DISTRICT TAX IN COLUMNS 2 or 3.

	Column 1	Column 2	Column 3	Column 4	Column 5		Column 6	
	W-2/W-2 G Income	Local/City Tax Withheld for	Local/Oity Tax Withheid for	Workplace/ Winning	Resident Municipality		Wages Larned	Date of winnings
W-2M-20 er Here or glue	(see instructions for qualifying wages)	Workplace/ Winning Municipality	Resident Municipality	Municipality (City or village where you worked)	(City or village where you lived)	From Date MIWDD/YY	Thru Date MMOD/YY	Date Won MM/DDYYY
\$ 88	15,600	312	0	North Olmsted	Westlake	01/01/21	12/31/21	
and and a	44,400	0	0	Non Texing	Westake	01/01/21	12/31/21	
0 68								
- 68								
and pool								
2				For Full or Part Year Residents in RTA Municipalities - Enter Section A, Column 1 Total onto Page 2, Line 1e; enter Column 2 Total onto Page 2, Line 4e; and				
Totals	60,000	312		enter Column 3 Tr workplace wages				
	is due. If you w		iate your taxes,	ing an incomplete please use the on				

#### ON PAGE 2:

- Wanda completes the resident tax calculation for Westlake.
  - Line 1a \$60,000 total earnings
  - Line 3 \$900 gross tax due Westlake

37 (2021)						Page 2
tion B					_	
ON	1 a		<b>1a</b>	60,000		
	b	Total self-employment, rental, partnership, and (if applicable)				
dule		8-Corp. Income as well as any other taxable income from Page				
284	_	<ol><li>Schedule J, Line 29, Column 7. If less than zero, enter -0</li></ol>	1b			
bre	2	Total taxable Income. Add Lines 1a and 1b.	2	60.000		
	3	Multiply Line 2 by the tax rate of your resident municipality from the tax	table			
n D.		Enter the tax rate of your resident municipality here: 015			3	90
	4 a	Taxwithheid for all municipalities other than your municipality of residence				
eld		from Page 1, Section A, Column 2. Do not enter estimated tax payments.	<b>4a</b>	312		
	b	Direct payments from Page 3, Schedule K, Line 37. Do not enter tax				
<u> </u>		withheid from your wages and/or estimated tax payments on this line.	4b	0		
42	5 a	Add Lines 4a and 4b.	<b>6a</b>	312		
d on		Total tentative oradit from Credit Rate Worksheet, Column E located at the				
line		bottom of this page. Your resident municipality's credit rate: 015	6b	234		
<b>b.</b>	0	Enter the smaller of Line 5a or Line 5b.	60	234		
	8	Multiply Line 5c by the oredit factor of your resident municipality from	~			
		the tax table. Your resident municipality's credit factor: 10	8	234		
	7.0	Tax withheid for your resident municipality from Page 1, Section A.				
redit ro%;		Column 3. Do not enter estimated tax payments (see instructions).	7a	0		
0-on	h	Tax paid by your patrenhipfi-Corp.trus to YOUR RESIDENT municipalitytee review rite	7b	0		
	-		10	U		024
	_	Total oredits allowable. (Add Lines 6, 7a, and 7b.)			8	234
L You	9	Subtract Line 8 from Line 3.	8	666		
need 1	0	Tax on non-withheid wages from Page 3, Schedule K, Line 34.	10			
dt 1		Tax on Schedule J Income from Page 3, Line 33, Column 7.	11			
1	2	TAX DUE RITA BEFORE ESTIMATED PAYMENTS. Add Lines 9, 10		11. Fless than		
heet.		zero, enter-0- and file Form 10A (see instructions).		•	12	666
. 1	8	2021 Estimated Tax Payments made to RITA. Do not enter tax				
ids:		withheid from your W-2s. Only include payments made for the				
in		2021 tax year.	13	0		
tund, 14	4	Credit carried forward from 2020.	14	666		
UT	5	TOTAL CREDITS AND ESTIMATED PAYMENTS. Add Lines 13 and			15	666
K 1	-				10	000
. 1	5	Balanoe Due. If Line 15 is less than Line 12, subtract Line 15 from Lin	ie.	•	18	0
the tot	_	12. If the amount is \$10 or less, enter -0		,		
omer	<u>ر</u>	If Line 15 is GREATER than 12, subtract Line 12 from Line 15 and enter	erov	ERPAYMENT.	17	(
pege. 1	8	Amount you want oredited to your 2022 estimated tax.	18	0		
ts of 11	9	Amount to be refunded. You may not split an overpayment				
		between a refund and a credit. Amounts \$10 or less will not be	18			
must		refunded. Allow 90 days for your refund.		0		
iled 21		Enter 2022 ostimated tax in full (see instructions). Estimates are		-		
Form 21	- a		20a	0		
and	<b>b</b>	due 4/15/22, 6/15/22, 9/15/22 and 1/15/23.				
OA at		Enter first quarter estimate (1/4 of Line 20a).	20b	0		
1.com 21		Subtract Line 18 from Line 20b.			21	(
22		TOTAL DUE by April 18, 2022. Add Lines 16 and 21.			22	1

#### ALSO ON PAGE 2:

- Wanda completes the Credit Rate worksheet.
  - Only use income "taxed" by North Olmsted to compute credit.
  - \$15,600 X 1.5% credit rate for Westlake equals \$234 credit for withholding.
- Carry this number to line 5b.
- Less of withholding or Credit rate on line 5c.
- Multiply 5c by Westlake Credit Factor of 100%
- o Credit on line 6 is \$234

#### Credit Rate Worksheet (enter each wage separately):

A	8	C	D	E			
Wages/Income	Credit Rate	Maximum credit	Workplace tax	<b>Tentative Credit</b>			
earned outside of	for resident municipality	(multiply Column	withheld/peid	Enter lesser of			
resident municipality	from bar table	A by Column B)	-	Columns C or D			
15,600	1.50000	234	312	234			
Enter amount fro	Enter amount from WORK8HEET L, Row 17, Column 7						
Total Tentative (	Credit: Enter on	Section B, Line St	above.	234			

b	Total tentative oredit from Credit Rate Worksheet, Column E located at the bottom of this page. Your resident municipality's credit rate: 015	6b	234		
0	Enter the smaller of Line Sa or Line Sb.	60	234		
8	Multiply Line 5c by the oredit factor of your resident municipality from the taxtable. Your resident municipality's credit factor: 10	8	234		
7 8	Tax withheld for your resident municipality from Page 1, Section A, Column 3. Do not enter estimated tax payments (see instructions).	74	0		
b	Tax paid by your patrentip/ii-Cop.trust to YOUR RESIDENT municipalityteen wenament)	7b	0		
8	Total oredits allowable. (Add Lines 6, 7a, and 7b.)	•		8	23

#### ON PAGE 2:

- Tax Due on lines 9 and 12 to Westlake is \$666.
  - o \$900 tax -\$234 credit.
- Wanda elected to apply \$666 of her refund to her account.
  - Show on line 14, if other credits exist, add them together.
- Balance due is \$0
- Wanda needs to sign and mail the form by April 18.

_					
8	Subtract Line 8 from Line 3.	8	66		
10	Tax on non-withheld wages from Page 3, Schedule K, Line 34.	10			
11	Tax on Schedule J Income from Page 3, Line 33, Column 7.	11			
12	TAX DUE RITA BEFORE ESTIMATED PAYMENTS. Add Lines 9, zero, enter-0- and file Form 10A (see instructions).	10 and	11. If less than	12	66
13	2021 Estimated Tax Payments made to RITA. Do not enter tax				
	withheid from your W-2s. Only include payments made for the 2021 tax year.	13	0		
14	Credit carried forward from 2020.	14	666		
16	TOTAL CREDITS AND ESTIMATED PAYMENTS. Add Lines 13 and	14.		16	666
18	Balance Due. If Line 15 is less than Line 12, subtract Line 15 from L 12. If the amount is \$10 or less, enter -0	ne	×	18	0
47	A 19 YO M REPORT OF A 19 YO MARK AND A 19 YO MARK AND AND A 19 YO MARK AND AND A 19 YO MARK AND AND A 19 YO MARK AND AND A 19 YO MARK AND AND A 19 YO MARK AND		THE AVERTHER		

# Impact to Wanda

#### **PRIOR YEAR 2020**

Annual Salary: \$60,000 Work Location: North Olmsted Residence Location: Westlake

#### **CURRENT STATE 2021**

Annual Salary: \$60,000
 Work Location: North Olmsted
 Residence Location: Westlake

#### **GOING FORWARD**

- Annual Salary: \$60,000
- Work Location: North Olmsted (2 Days , 40%)
- Work and Residence Location: Westlake (3 Days, 60%)

Amount	%	Description
\$1,200	2%	North Olmsted Workplace Tax
<u>\$0</u>	1.5%	Westlake Residence Tax
\$1,200		Total Muni Tax Being Paid by Wanda

Amount	%	Description
\$312	2%	North Olmsted Workplace Tax
<u>\$666</u>	1.5%	Westlake Residence Tax
\$978		Total Muni Tax Being Paid by Wanda

Amount	%	Description
\$480	2%	North Olmsted Workplace Tax (40%)
\$540	1.5%	Westlake Workplace Tax (60%)
<u>\$1020</u>		New Amount To Be Withheld
\$0		Westlake Residence Tax To Be Paid (Not Withheld)
<u>\$1020</u>		New Muni Tax Total

#### **EXAMPLE 2**

- o Jed Masters
- Works in Mentor, lives in Willowick.
- Earned \$125,000 in 2021
- Had days out in 2021 due to WFH in response to COVID
- January through June was WFH full time
- July 1 started 3 days per week in the office.
- Had 43 vac/sick/holidays



City/Village/Township of Residence - Required

In the boxes below, indicate the physical location of your residence(s) for all of 2021 and up to and including the date you flie this return. This may be different from your mailing address, in addition, if you moved during 2021, list the effective date of the move into the city/village/ township, city/village/township and address in the appropriate boxes. Why? Mailing address does not always correspond to the city/village/ township, city/village/township and address in the appropriate boxes. Why? Mailing address does not always correspond to the city/village/township in which you live. This required information determines the appropriate taxing jurisdiction for municipal income tax purposes. If you moved more than once, supply the addition on a separate sheet.

Effective Date	City/ Village/ Tow nship	Address
1/1/2021	Willowick	1981 Dagobah Drive

Section A

List all income from W-2 wages and W-2G winnings reported in 2021 and the amount of local/city tax withheid while living in a RITA municipality. In general, unless you moved into or out of a RITA municipality during the year, your taxable wages cannot be less than Medicare wages (Box 5 of your W-2). List all tax withheid for your resident municipality in Column 3 ONLY (even if you worked in the municipality in the you lived). In Column 4, indicate the name of the municipality in which you physically worked. This may be different from the employer's address shown on the W-2. If you did not work in a city or village enter 'None' in Column 4. Do NOT ENTER SCHOOL DISTRICT TAX IN COLUMNS 2 or 3.

did not work	in a city or village	enter None in C	50iumin 4, 50 No	TENTER SCHOOL	L DISTRICT TAX	IN COLUMINS 2	010.		
	Column 1	Column 2	Column 3	Column 4	Column 5		Column 6		
	W-2/W-2 G Income	Local/City Tax Withheld for	Local/City Tax Withheld for	Workplace/ Winning	Resident Municipality		Wages Earned	Date of winnings	
W-2M-2G er Here or glue	(see instructions for qualifying wages)	Workplace/ Winning Municipality	Resident Municipality	Municipality (City or village where you worked)	(City or village where you lived)	From Date MM/DD/YY	Thru Date MM/DD/YY	Date Won MM/DD/YY	
pe of	51,250	1,025	0	Mentor	Willowick	01/01/21	12/31/21		
e o u o	73,750	0	0	Non Taxing	Willowick	01/01/21	12/31/21		
ত ১৯									
clip Local/ and Check Do not use									
Paperclip and ( Don									
R.				For Full or Part Column 1 Total ont	o Page 2, Line 1a	; enter Column 2	Total onto Page	2, Line 4a; and	
Totals	125,000	· · · · ·	0	enter Column 3 Total onto Page 2, Line 7a. For Non-Residents required to fil workplace wages – Go to Page 3, Schedule K, Line 34 to calculate tax due.					
A									
Caution	Tax balances are due by April 18, 2022. Submitting an incomplete form could subject you to penalty and interest if a tax balance is due. If you want RTA to calculate your taxes, please use the online eFile system at ritachio.com. It is easy to use, secure and will calculate your taxes immediately.								

Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of municipal taxable income I received during the tax year.

too Maxm		Jimmy McGill	01/11/22
Your Signature	Date	Preparer's Name (Rease Print)	Date
		. Man	
Spouse's Signature if a joint return	Date	Preparer's Signature	ID Number
May RITA discuss this return with the	preparer shown above? 🖌 Yes	No Preparer Phone #:	(440) 777-1234
Filing is mandatory for most resid	ents: see "Filing Requirements"	on page 1 of the Instructions fo	r Form 37 exemptions.

#### **ON PAGE 1:**

- Jed completes the  $\mathbf{O}$ demographic section at the top
  - Single Filer check box Ο
  - Full Year Resident check box  $\bigcirc$
- Indicates Willowick as City of Ο Residence.

Your social security number 999-99-9992	Spouse's social security number		Filing Status:           Single or Married Filing Separately			
Your first name and middle initial Jed If a joint return, spouse's first name and middle initial	Last name Masters Last name		Joint If you have an EXTENSION check here and attach a copy: EXTENSION			
CURRENT MAILING address (number and street) 1980 Dagobah Drive City, state, and ZIP code Willowick, Ohio 44141	•	Apt#	If this is an AMENDED return, check here:			
Daytime phone number	Evening phone number		Residency Status in RITA Municipalities:			

RITA Individual Income Tax Return 2021

#### City/Village/Township of Residence - Required

**Regional Income Tax Agency** 

Do not use staples, tape or glue

in the boxes below, indicate the physical location of your residence(s) for all of 2021 and up to and including the date you file this return. This may be different from your mailing address. In addition, if you moved during 2021, list the effective date of the move into the city/village/ township, city/viliage/township and address in the appropriate boxes. Why? Mailing address does not always correspond to the city/viliage/township in which you live. This required information determines the appropriate taxing jurisdiction for municipal income tax purposes. If you moved more than once, supply the additional information on a separate sheet.

Effective Date	City/ Village/ Tow nship	Address
1/1/2021	Willowick	1981 Dagobah Drive

Contion A

800.860.7482

TDD: 440.526.5332 ritaohio.com

### ALSO ON PAGE 1:

- o Jed completes Section A.
  - Due to the refund from the workplace of Mentor, Jed will have 2 wage entries in Section A.
    - \$51,250 which represents the "taxed" income from the 10a form earned in Mentor.
    - \$73,750 which represents the "non-taxed" income after the workplace tax refund from Mentor.

#### Section A

List all income from W-2 wages and W-2G winnings reported in 2021 and the amount of local/city tax withheid while living in a RITA municipality. In general, unless you moved into or out of a RITA municipality during the year, your taxable wages cannot be less than Medicare wages (Box 5 of your W-2). List all tax withheid for your resident municipality in Column 3 ONLY (even if you worked in the municipality where you lived). In Column 4, indicate the name of the municipality in which you physically worked. This may be different from the employer's address shown on the W-2. If you did not work in a city or village enter "None" in Column 4. DO NOT ENTER SCHOOL DISTRICT TAX IN COLUMNS 2 or 3.

come V structions V ualifyIng	cal/City Tax Vithheid for Vorkplace/ Winning /unicipality	Local/City Tax Withheid for Resident Municipality	Workplace/ Winning Municipality (City or viliage	Resident Municipality (City or village	Dates V Were E	-	Date of winnings						
ualifying ages) M	Winning						1 I						
51,250			where you worked)	where you lived)	From Date MM/DD/YY	Thru Date MM/DD/YY	Date Won MM/DD/YY						
	1,025	0	Mentor	Willowick	01/01/21	12/31/21							
73,750	0	0	Non Taxing	Willowick	01/01/21	12/31/21							
							-						
125,000	1,025	0	workplace wages -	- Go to Page 3, S	chedule K, Line 3	34 to calculate ta	ix due.						
			-			Tax balances are due by April 18, 2022. Submitting an incomplete form could subject you to penalty and interest if a tax balance							
is due. If you want RITA to calculate your taxes, please use the online eFile system at ritachio.com. It is easy to use, secure and will calculate your taxes immediately.													
ła	ances are du	ances are due by April 1	ances are due by April 18, 2022. Submit	Column 1 Total ont 25,000 1,025 0 enter Column 3 To workplace wages - ances are due by April 18, 2022. Submitting an incomplete	Column 1 Total onto Page 2, Line 1a; 25,000 1,025 0 enter Column 3 Total onto Page 2, workplace wages - Go to Page 3, Si ances are due by April 18, 2022. Submitting an incomplete form could subject	Column 1 Total onto Page 2, Line 1a; enter Column 2 25,000 1,025 0 enter Column 3 Total onto Page 2, Line 7a. For No workplace wages – Go to Page 3, Schedule K, Line 3 ances are due by April 18, 2022. Submitting an incomplete form could subject you to penalty	ances are due by April 18, 2022. Submitting an incomplete form could subject you to penalty and interest if						

#### **ON PAGE 2:**

- o Jed completes the resident tax calculation for Willowick.
  - Line 1a \$125,000 total earnings
  - Line 3 \$2,500 gross tax 0 due Willowick

Form 37 (202	)		Page 2
Section			
For NON	1 a Total W-2/W-2G income from Page 1, Section A, Column 1. 1a 125,000		
W-2/	b Total self-employment, rental, partnership, and (if applicable)		
Schedule	S-Corp. income as well as any other taxable income from Page		
income see Pages	3, Schedule J, Line 29, Column 7. If less than zero, enter -0 1b		
3-5 before	2 Total taxable income. Add Lines 1a and 1b. 2 125,000		
starting Section B. Withheld taxes shown on	3 Multiply Line 2 by the tax rate of your resident municipality from the tax table. Enter the tax rate of your resident municipality here: .02	3	2,500
	4 a Taxwithheld for all municipalities other than your municipality of residence from Page 1, Section A, Column 2. Do not enter estimated tax payments. 4a 1,025		
	b Direct payments from Page 3, Schedule K, Line 37. Do not enter tax withheld from your wages and/or estimated tax payments on this line. 4b		
your W-2	5 a Add Lines 4a and 4b.         5a         1,025		
forms are reported on	b Total tentative credit from Credit Rate Worksheet. Column E located at the		
ether Line 4a or 7a. If your resident ctyVillage has a Credit Rate of 0%;	bottom of this page. Your resident municipality's credit rate: 02 5b 1,025		
	C Enter the smaller of Line 5a or Line 5b. 5c 1,025		
	6 Multiply Line 5c by the credit factor of your resident municipality from the tax table. Your resident municipality's credit factor:		
	7 a Tax withheld for your resident municipality from Page 1, Section A, Column 3. Do not enter estimated tax payments (see instructions). 7a		
enter -0- on	b Tax paid by your partnership/S-Corp./trust to YOUR RESIDENT municipality(from Workshowt R) 7b		
Line 5b, 5c and Line 6 and go to Line 7a. You	8 Total credits allowable. (Add Lines 6, 7a, and 7b.)	8	897
	9 Subtract Line 8 from Line 3. 9 1,603		
do not need to complete	10 Tax on non-withheld wages from Page 3, Schedule K, Line 34. 10		
the Credit	11 Tax on Schedule J Income from Page 3, Line 33, Column 7. 11		
Rate Worksheet.	12 TAX DUE RITA BEFORE ESTIMATED PAYMENTS. Add Lines 9, 10 and 11. If less than zero, enter-0- and file Form 10A (see instructions).	12	1,603
Refunds:	13 2021 Estimated Tax Payments made to RITA. Do not enter tax withheld from your W-2s. Only include payments made for the		
To avoid delays in	2021 tax year. 13		
processing your retund, mail your return to the PO BOX address listed in the	14 Credit carried forward from 2020. 14 1.475		
	15 TOTAL CREDITS AND ESTIMATED PAYMENTS. Add Lines 13 and 14.	15	1,475
	16 Balance Due. If Line 15 is less than Line 12, subtract Line 15 from Line 12. If the amount is \$10 or less, enter -0	16	128
lower right hand comer	17 If Line 15 is GREATER than 12, subtract Line 12 from Line 15 and enter OVERPAYMENT.	17	
of this page.	18 Amount you want credited to your 2022 estimated tax. 18		
Refunds of tax withheld	19 Amount to be refunded. You may not split an overpayment		
from your	between a refund and a credit. Amounts \$10 or less will not be 19		
wages must	refunded. Allow 90 days for your refund.		
be applied for on Form 10A.	20 a Enter 2022 estimated tax in full (see instructions). Estimates are due 4/15/22 8/15/22 and 1/15/23		
Download			
Form 10A at	b Enter first quarter estimate (1/4 of Line 20a). 20b		
ritachio.com		21	0
	22 TOTAL DUE by April 18, 2022. Add Lines 16 and 21.	22	128

#### ALSO ON PAGE 2:

- Jed completes the Credit Rate worksheet.
  - Only use income "taxed" by Mentor to compute credit.
  - \$51,250 X 2% credit rate for Willowick equals \$1025 credit for withholding.
- Carry the \$1025 to line 5b.
- Less of withholding or Credit rate on line 5c.
- Multiply 5c by Willowick Credit Factor of 87.5%
- o Credit on line 6 is \$897

#### Credit Rate Worksheet (enter each wage separately):

		-		
Α	B	С	D	E
Wages/Income	Credit Rate	Maximum credit	Workplace tax	Tentative Credit
earned outside of	for resident municipality	(multiply Column	withheld/paid	Enter lesser of
resident municipality	from tax table	A by Column B)	-	Columns C or D
51,250	0.02000	1,025	1,025	1,025
Enter amount fro	0			
Total Tentative (	Credit: Enter on	Section B, Line 5t	o, above.	1,025

5 a	Add Lines 4a and 4b.	5a	1,025
b	Total tentative credit from Credit Rate Worksheet, Column E located at the bottom of this page. Your resident municipality's credit rate:02	5b	1,025
C	Enter the smaller of Line 5a or Line 5b.	5c	1,025
6	Multiply Line 5c by the <b>credit factor</b> of your resident municipality from the tax table. Your resident municipality's credit factor:	6	897

#### **ON PAGE 2:**

- Tax Due on lines 9 and 12 to Willowick is \$1603.
  - o \$2500 tax -\$897 credit.
- Jed elected to apply his \$1475 refund to the account.
  - Show on line 14, if other credits exist, add them together.
- o Balance due is \$128
- Jed needs to sign and mail the form by April 18.

9	Subtract Line 8 from Line 3.	9	1,603		
10	Tax on non-withheld wages from Page 3, Schedule K, Line 34.	10			
11	Tax on Schedule J Income from Page 3, Line 33, Column 7.	11			
12	TAX DUE RITA BEFORE ESTIMATED PAYMENTS. Add Lines 9, 10	) and	11. If less than		
	zero, enter-0- and file Form 10A (see instructions).		•	12	1,603

13	2021 Estimated Tax Payments made to RITA. Do not enter tax withheld from your W-2s. Only include payments made for the	13			
	2021 tax year.	19			
14	Credit carried forward from 2020.	14	1,475		
15	TOTAL CREDITS AND ESTIMATED PAYMENTS. Add Lines 13 and	14.		15	1,475
16	Balance Due. If Line 15 is less than Line 12, subtract Line 15 from Line 12. If the amount is \$10 or less, enter -0	18	•	16	128

## Impact to Jed

#### **PRIOR YEAR 2020**

Annual Salary: \$125,000 Work Location: Mentor Residence Location: Willowick

Amount	%	Description
\$2,500	2%	Mentor Workplace Tax
\$313	.25%	Willowick Residence Tax (After Credit Rate Applied)
<u>\$2,813</u>		Total Muni Tax Being Paid by Jed for 2020

#### **CURRENT STATE 2021**

Annual Salary: \$125,000 Work Location: Mentor Residence Location: Willowick

Amou nt	%	Description
\$1,025	2%	Mentor Workplace Tax
\$1603		Willowick Residence Tax (After Credit Rate Applied, net of refund amount)
\$ <u>2628</u>		Total Muni Tax Being Paid by Jed for 2021

#### **GOING FORWARD**

- Annual Salary: \$125,000
- Work Location: Mentor (3 Days, 60%)
- Work and Residence Location: Willowick (2 Days , 40%)

Amount	%	Description
\$1500	2%	Mentor Workplace Tax (60%)
\$1000	2%	Willowick Workplace Tax (40%)
<u>\$2500</u>		New Amount To Be Withheld
\$188	.25%	Willowick Residence Tax (After Credit Rate Applied)
<u>\$2688</u>		New Muni Tax Total

REGIONAL INCOME TAX AGENCY I January 2022

#### **EXAMPLE 3**

- o Jon Anderson
- Works in Cleveland, lives in Cleveland Hts.
- Earned \$90,000 in 2021
- Had days out in 2021 due to WFH in response to COVID
- Worked from Home part year,
   Worked in the office starting in July which will continue in 2021



Regional Income Tax Agency RITA Individual Income Tax Return 2021



800.860.7482 TDD: 440.526.5332 ritaohio.com

			Filing Status:
Your social security number	Spouse's social security number		✓ Single or Married Filing Separately
999-99-9993			<ul> <li>Single or Married Filing Separately</li> </ul>
Your first name and middle initial	Last name		Joint
Jon			
	Anderson		If you have an EXTENSION check here and attach
If a joint return, spouse's first name and middle initial	Last name		copy: EXTENSION
CURRENT MAILING address (number and street)		Apt#	If this is an AMENDED return, check here:
		Opt #	In the space provided below, state why you are fill
148 Topographic Trail			AMENDED return. Attach an explanation if you re
City, state, and ZIP code		•	additional space.
Cleveland Heights, Ohio 44118			
Daytime phone number	Evening phone number		
			Residency Status in RITA Municipalities:
			✓ Full-Year Part-Year Non-Res

City/Village/Township of Residence - Required

In the boxes below, indicate the physical location of your residence(s) for all of 2021 and up to and including the date you file this return. This may be different from your mailing address. In addition, if you moved during 2021, list the effective date of the move into the city/village/ township, city/village/township and address in the appropriate boxes. Why? Mailing address does not always correspond to the city/village/ township, city/village/township and address in the appropriate boxes. Why? Mailing address does not always correspond to the city/village/ township, city/village/township and address in the appropriate taxing jurisdiction for municipal income tax purposes. If you moved more than once, supply the additional information on a separate sheet.

Effective Date City/ Village/ Tow nship Address

1/1/2021	Cleveland Heights	148 Topographic Trail
0 1 4		

#### Section A

List all income from W-2 wages and W-2G winnings reported in 2021 and the amount of local/city tax withheld while living in a RTA municipality. In general, unless you moved into or out of a RTA municipality during the year, your taxable wages cannot be less than Medicare wages (Box 5 of your W-2). List all tax withheld for your resident municipality in Column 3. ONLY (even if you worked in the municipality where you lived). In Column 4, indicate the name of the municipality in which you physically worked. This may be different from the employer's address shown on the W-2. If you did not work in a city or village enter "None" in Column 4. Do NOT ENTER SCHOOL DISTRICT TAX. IN COLUMNS 2 or 3.

	Column 1	Column 2	Column 3	Column 4	Column 5		Column 6		
	W-2/W-2 G Income	Local/City Tax Withheld for	Local/City Tax Withheld for	Workplace/ Winning	Resident Municipality		Wages Eamed	Date of winnings	
W-2/W-2G er Here		Workplace/ Winning Municipality	Resident Municipality	Municipality (City or village where you worked)	(City or village where you lived)	From Date MM/DD/YY	Thru Date MM/DD/YY	Date Won MM/DD/YY	
Jo Do		750	0	Cleveland	Cleveland Hts.	01/01/21	12/31/21		
one) one		0	0	Non Taxing	Cleveland Hts.	01/01/21	12/31/21		
0 5*									
Paperclip and (									
8				For Full or Part Year Residents in RITA Municipalities - Enter Section A, Column 1 Total onto Page 2, Line 1a; enter Column 2 Total onto Page 2, Line 4a; and					
Totals	90,000	750	0	enter Column 3 Total onto Page 2, Line 7a, For Non-Residents required to file or workplace wages – Go to Page 3, Schedule K, Line 34 to calculate tax due.					
<u> </u>				itting an incomplete form could subject you to penalty and interest if a tax balance please use the online eFile system at ritaohio.com. It is easy to use, secure and					
Caution		r taxes immediate							

Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of municipal taxable income I received during the tax year.

		Jim	nmy McGill		01/11/22
Your Signature	Date	Pre	eparer's Name (Please Print)		Date
Spouse's Signature if a joint return	Date	Pre	eparer's Signature		ID Number
May RITA discuss this return with the prep	oarer shown	above? 🖌 Yes	No Preparer Phone #:	(440) 777-1	1234
Filing is mandatory for most residents: see "Filing Requirements" on page 1 of the Instructions for Form 37 exemptions.					

#### ON PAGE 1:

- Jon completes the demographic section at the top
  - $\circ$  Single Filer check box
  - Full Year Resident check box
- Indicates Cleveland Hts. as
   City of residence.

•			
Your social security number	Spouse's social security number		Filing Status: Single or Married Filing Separately
999-99-9993			
Your first name and middle initial	Last name		Joint
Jon	Anderson		If you have an EXTENSION check here and attach a
If a joint return, spouse's first name and middle initial	Last name		copy: C EXTENSION
			If this is an AMENDED return, check here:
CURRENT MAILING address (number and street)		Apt#	In the space provided below, state why you are filing an
148 Topographic Trail			AMENDED return. Attach an explanation if you require
City, state, and ZIP code			additional space.
Cleveland Heights, Ohio 44118			
Daytime phone number	Evening phone number		
			Residency Status in RITA Municipalities:
			✓ Full-Year Part-Year Non-Resident

City/Village/Township of Residence - Required

Regional Income Tax Agency

Do not use staples, tape or glue

**RITA Individual Income Tax Return** 

In the boxes below, indicate the physical location of your residence(s) for all of 2021 and up to and including the date you file this return. This may be different from your mailing address. In addition, if you moved during 2021, list the effective date of the move into the city/village/ township, city/village/township and address in the appropriate boxes. Why? Mailing address does not always correspond to the city/village/township in which you live. This required information determines the appropriate taxing jurisdiction for municipal income tax purposes. If you moved more than once, supply the additional information on a separate sheet.

Effective Date	City/ Village/ Tow nship	Address
1/1/2021	Cleveland Heights	148 Topographic Trail

800.860.7482

ritaohio.com

TDD: 440.526.5332

#### ALSO ON PAGE 1:

- o Jon completes Section A.
  - Due to the refund from the workplace of Cleveland, Jon will have 2 wage entries in Section A.
    - \$30,000 which represents the "taxed" income net of the refunded earnings.
    - \$60,000 which represents the "non-taxed" income after the workplace tax refund from Cleveland.

#### Section A

List all income from W-2 wages and W-2G winnings reported in 2021 and the amount of local/city tax withheld while living in a RITA municipality. In general, unless you moved into or out of a RITA municipality during the year, your taxable wages cannot be less than Medicare wages (Box 5 of your W-2). List all tax withheld for your resident municipality in Column 3 ONLY (even if you worked in the municipality where you lived). In Column 4, indicate the name of the municipality in which you physically worked. This may be different from the employer's address shown on the W-2. If you did not work in a city or village enter "None" in Column 4. DO NOT ENTER SCHOOL DISTRICT TAX IN COLUMNS 2 or 3.

	Column 1	Column 2	Column 3	Column 4	Column 5		Column 6	
	W-2/W-2 G Income	Local/City Tax Withheid for	Local/City Tax Withheld for	Workplace/ Winning	Resident Municipality		Wages Earned	Date of winnings
of W-2/W-2G Order Here De or glue	(see instructions for qualifying wages)	Workplace/ Winning Municipality	Resident Municipality	Municipality (City or village where you worked)	(City or village where you lived)	From Date MM/DD/YY	Thru Date MM/DD/YY	Date Won MM/DD/YY
	30,000	750	0	Cleveland	Cleveland Hts.	01/01/21	12/31/21	
cop oney (es,	60,000	0	0	Non Taxing	Cleveland Hts.	01/01/21	12/31/21	
sta Cit								
p Local d Check not use								
Paperclip and ( Do n								
æ				For Full or Part Column 1 Total ont				
Totals	90,000	750	0	enter Column 3 To workplace wages -				
Â				ing an incomplete				
Caution	will calculate you			please use the on	iine erie system	at ritaonio.com	t is easy to us	e, secure and

#### **ON PAGE 2:**

- Jon completes the 0 resident tax calculation for Cleveland Hts.
  - Line 1a \$90,000 total Ο earnings
  - Line 3 \$2025 gross tax Ο due Cleveland Hts.

Section I	В		
For NON	1 a Total W-2/W-2G income from Page 1, Section A, Column 1. 1a 90,00	0	
W-2/	b Total self-employment, rental, partnership, and (if applicable)	1	
Schedule	S-Corp. income as well as any other taxable income from Page		
income see Pages	3, Schedule J, Line 29, Column 7. If less than zero, enter -D 1b		
3-5 before	2 Total taxable income. Add Lines 1a and 1b. 2 90,00	0	
starting Section B.	3 Multiply Line 2 by the tax rate of your resident municipality from the tax table.		2.025
'	Enter the tax rate of your resident municipality here: 0.0225	3	2,020
Withheld	4 a Taxwithheld for all municipalities other than your municipality of residence from Page 1, Section A, Column 2. Do not enter estimated tax payments. 4a 75	0	
taxes	b Direct payments from Page 3, Schedule K, Line 37. Do not enter tax	-	
shown on	withheld from your wages and/or estimated tax payments on this line. 4b	0	
your W-2 forms are	5 a Add Lines 4a and 4b. 5a 75	0	
reported on	b Total tentative credit from Credit Rate Worksheet, Column E located at the		
either Line 4a or 7a.	bottom of this page. Your resident municipality's credit rate: _01 5b 30	0	
	C Enter the smaller of Line 5a or Line 5b. 5c 30	0	
If your	6 Multiply Line 5c by the credit factor of your resident municipality from		
resident cty/village	the tax table. Your resident municipality's credit factor:5 6 15	4	
has a Credit	7 a Tax withheld for your resident municipality from Page 1, Section A, Column 3, Do not enter estimated tax payments (see instructions). 7a	0	
Rate of 0%; enter -0- on	Column 3. Do not enter estimated tax payments (see instructions). 7a     Tax paid by your partnership/s-corp./must to YOUR RESIDENT municipality/mom Worksheet Rij 7b	0	
Line 5b, 5c and Line 6	8 Total credits allowable. (Add Lines 6, 7a, and 7b.)	8	150
and go to	Total of curs allowable. (And Lines 6, 74, and 75.)		100
Line 7a. You do not need	9         Subtract Line 8 from Line 3.         9         1,87           10         Tax on non-withheld wages from Page 3, Schedule K, Line 34.         10	괵	
to complete	Tax of Hor Mariela Mages for Hage 0, obligate K, Elle OH.	-	
the Credit Rate	Tax of ochedule o moone nom rage o, che oo, oolanni /.	_	
Worksheet.		12	1,603
Refunds:	13 2021 Estimated Tax Payments made to RITA. Do not enter tax		
To avoid	withheld from your W-2s. Only include payments made for the 2021 tax year. 13 1,50	0	
delays in processing		4	
your refund, mail your	14 Credit carried forward from 2020. 14		
return to the PO BOX	15 TOTAL CREDITS AND ESTIMATED PAYMENTS. Add Lines 13 and 14.	15	1,500
address	16 Balance Due. If Line 15 is less than Line 12, subtract Line 15 from Line	16	103
listed in the lower right	12. If the amount is \$10 or less, enter -0      If Line 15 is GREATER than 12, subtract Line 12 from Line 15 and enter OVERPAYMENT.	17	
hand comer of this page.			0
Refunds of	Amount you want created to your 2022 estimated tax.	0	
tax withheid	19 Amount to be refunded. You may not split an overpayment between a refund and a credit. Amounts \$10 or less will not be 19		
from your wages must	refunded. Allow 90 days for your refund.	0	
be applied	20 a Enter 2022 estimated tax in full (see instructions). Estimates are	-	
for on Form 10A.	due 4/15/22, 6/15/22, 9/15/22 and 1/15/23.	0	
Download	b Enter first guarter estimate (1/4 of Line 20a). 20b 15	8	
Form 10A at ritaphio.com	21 Subtract Line 18 from Line 20b.	21	0
	22 TOTAL DUE by April 18, 2022. Add Lines 16 and 21.	22	261
		1 **	201

#### ALSO ON PAGE 2:

- Jon completes the Credit Rate worksheet.
  - Only use income "taxed" by Cleveland to compute credit.
  - \$30,000 X 1% credit rate for Cleveland Hts. equals \$300 credit for withholding before the credit factor.
- Carry this number to line 5b.
- Less of withholding or Credit rate on line 5c.
- Multiply 5c by Cleveland Hts. Credit Factor of 50%
- Credit on line 6 is \$150

Credit Rate W	Credit Rate Worksheet (enter each wage separately):					
A Wages/Income earned outside of resident municipality	B Credit Rate for resident municipality from tax table	C Maximum credit (multiply Column A by Column B)	D Workplace tax withheld/paid	E Tentative Credit Enter lesser of Columns C or D		
30,000	0.01000	300	750	300		
Enter amount fro	om WORKSHEET	TL, Row 17, Colu	mn 7	0		
Total Tentative	Credit: Enter on	Section B, Line 5t	o, above.	300		

5 ;	8	Add Lines 4a and 4b.	5a	750
ł	b .	Total tentative credit from Credit Rate Worksheet, Column E located at the bottom of this page. Your resident municipality's credit rate:01	5b	300
(	6	Enter the smaller of Line 5a or Line 5b.	5c	300
6		Multiply Line 5c by the credit factor of your resident municipality from the tax table. Your resident municipality's credit factor: 5	6	150

#### ON PAGE 2:

- Tax Due on lines 9 and 12 to Cleveland Hts. is \$1875.
  - \$2,025 tax -\$150 credit.
- Jon made estimated payments of \$1500 in 2021.
  - Show on line 13.
- Balance due is \$375
- Due to reduced credit, Jon will need to set up an estimate for 2022.
- Total due by 4/18 is \$533
  - \$375 due for 2021, \$158 first quarter estimate for 2022.

_					+
9	Subtract Line 8 from Line 3.	9	1,875		
10	Tax on non-withheld wages from Page 3, Schedule K, Line 34.	10			
11	Tax on Schedule J Income from Page 3, Line 33, Column 7.	11			
12	TAX DUE RITA BEFORE ESTIMATED PAYMENTS. Add Lines 9, 1 zero, enter-0- and file Form 10A (see instructions).	l0 and	11. If less than	12	1,875
13	2021 Estimated Tax Payments made to RITA. Do not enter tax withheld from your W-2s. Only include payments made for the 2021 tax year.	13	1,500		
14	Credit carried forward from 2020.	14			
15	TOTAL CREDITS AND ESTIMATED PAYMENTS. Add Lines 13 and 14.				1,500
16	Balance Due. If Line 15 is less than Line 12, subtract Line 15 from Li 12. If the amount is \$10 or less, enter -0	ine	Þ	16	375
19	Amount to be refunded. You may not split an overpayment between a refund and a credit. Amounts \$10 or less will not be refunded. Allow 90 days for your refund.	19	0		
20 a	Enter 2022 estimated tax in full (see instructions). Estimates are due 4/15/22. 6/15/22. 9/15/22 and 1/15/23.	20a	630		
b	Enter first quarter estimate (1/4 of Line 20a).	20b	158		
21	Subtract Line 18 from Line 20b.	_		21	0
22	TOTAL DUE by April 18, 2022. Add Lines 16 and 21.			22	533

### Impact to Jon

#### **PRIOR YEAR 2020**

Annual Salary: \$90,000 Work Location: Cleveland Residence Location: Cleveland Hts.

Amount	%	Description
\$2,250	2%	Cleveland Workplace Tax
\$1,575	1.75%	Cleveland Hts. Residence Tax
\$3,825		Total Muni Tax Being Paid by Jon

#### **CURRENT STATE 2021**

- **Annual Salary:** \$90,000
- Work Location: Cleveland
- **Residence Location:** Cleveland Hts.

Amount	%	Description
\$750	2.5%	Cleveland Workplace Tax
\$1,875		Cleveland Hts. Residence Tax (combination of 2.25% and 1.75%)
\$2,625		Total Muni Tax Being Paid by Jon

#### **GOING FORWARD**

- Annual Salary: \$90,000
- Work Location: Cleveland (2 Days , 40%)
- Work and Residence Location: Cleveland Hts. (3 Days, 60%)

Amount	%	Description
\$900	2%	Cleveland Workplace Tax (40%)
\$1.215	2.25%	Cleveland Hts. Workplace Tax (60%)
\$2,115		New Amount To Be Withheld
\$630	1.75%	Cleveland Hts. Residence Tax
\$2745		New Muni Tax Total

### Tax Year 2021 – Form 27

# 2021 Form 27 Net Profit Tax Return

- Are businesses required to file a net profit tax return with all of the municipalities where their employees worked from home in 2021?
  - No. <u>Unless</u> the business had other property, payroll or sales in those municipalities.
- Why Not?
  - Ohio House Bill 110 said so.



REGIONAL INCOME TAX AGENCY I January 2022

## What Are The "Old" Rules?

Withhold Where Work is
 Performed

Small Employer Rule

Occasional Entrant Rule

# What Is RITA Hearing From Employers?

• They want to get it right

• Hybrid schedules

• Payroll software considerations

# New Work Schedules – New Withholding

- Working fully remote withhold tax for employee's residence municipality at the full rate, as the workplace.
- Working fully on-site withhold for the municipality where the workplace is located.

# New Work Schedules – New Withholding

#### • Hybrid Schedules

- Withhold where work is performed day by day.
- Prorate wages between workplace and home, based on expected schedules, and withhold accordingly.
- Wages earned while working at home – home municipality is treated like another work location, not courtesy residence withholding.

## Tax Year 2022 – Form 11 Examples

### **Pre- Covid Illustration**

#### Employees Working in the Office:

• 40 employees work in the Brecksville office 5 days a week

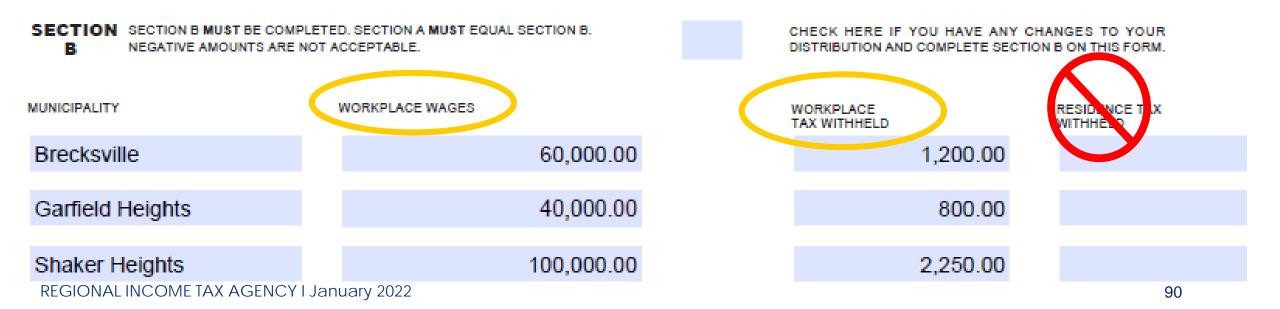
B NEGATIVE AMOUNTS ARE NOT		CHECK HERE IF YOU HAVE ANY CHANGES TO YOUR DISTRIBUTION AND COMPLETE SECTION B ON THIS FORM.			
MUNICIPALITY	WORKPLACE WAGES	WORKPLACE TAX WITHHELD			
Brecksville	200,000.00	4,000.00			

## Tax Year 2022 – Form 11 Examples

### **Current Environment Illustration**

#### Employees Working **Completely** Remote:

- 10 employees WFH in Brecksville
- 10 employees WFH in Garfield Heights
- 20 employees WFH in Shaker Heights

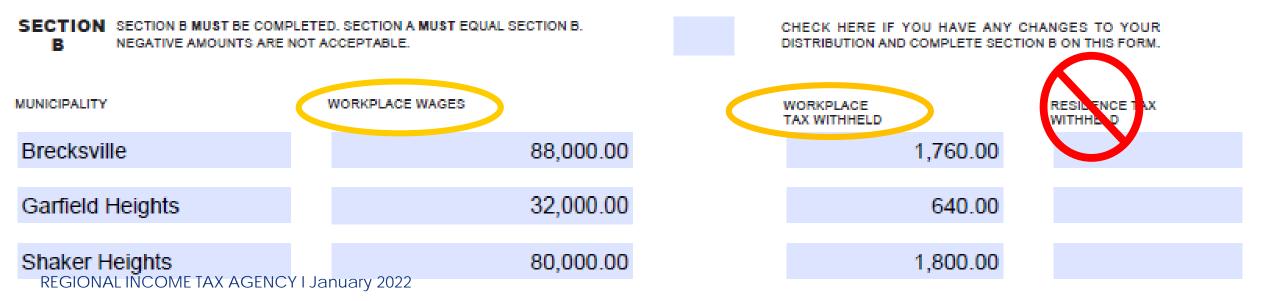


## Tax Year 2022 – Form 11 Examples

### **Current Environment Illustration**

#### Employees Working Hybrid:

- 10 employees WFH in Brecksville 4 days and in the Brecksville office 1 day a week
- 10 employees WFH in Garfield Heights 4 days and in the Brecksville office 1 day a week
- 20 employees WFH in Shaker Heights 4 days and in the Brecksville office 1 day a week



## **Illustration Comparison**

Municipality	Previous	Hybrid	Difference
Brecksville	\$ 4,000	\$ 1,760	\$ (2,240)
Garfield Heights		\$ 640	\$ 640
Shaker Heights		\$ 1,800	\$ 1,800
Total	\$ 4,000	\$ 4,200	\$ 200

# Letters / Correspondence

#### ○ Employers Be Aware –

- You will receive letters from RITA when withholding changes.
- This is okay!
- Our systems and processes are designed to notice changes.
- <u>Respond</u> to our notices so we understand that changes are intentional and related to employee locations.

## 2022 Municipal Tax Withholding Shift/Hybrid

## Responses are needed!

 What kind of responses do we need?

 Don't just tell us, you are using a hybrid method.
 Briefly describe the method you are using and why it works for your company.

# Consider the prior Form 11 examples An acceptable response:

"Our employees are now working from home 4 days a week so we are withholding 80% to employees' home municipalities and 20% to the Brecksville office location."

## Impact to Employees

#### **CURRENT STATE 2021**

- **Annual Salary:** \$60,000
- Work Location: Brecksville
- o Residence Location: Shaker Heights

Description	Wages	%	Tax Amount
Brecksville Workplace Tax (100%)	\$60,000	2%	\$1,200
Shaker Heights* Residence Tax (After credit)		1.75%	<u>\$1,050</u>
Total Muni Tax			<u>\$2,250</u>

\*Shaker Heights Tax rate is 2.25%, however, REGIONAL INCOME TAX AGENCY | January 2022 they give ½% credit for workplace.

#### **GOING FORWARD**

- Annual Salary: \$60,000
- Work Location: Brecksville (1 Day, 20%)
- Work and Residence Location: Shaker Heights (4 Days, 80%)

Description	Wages	%	Tax Amount
Brecksville Workplace Tax (20%)	\$12,000	2%	\$240
Shaker Heights* Workplace Tax (80%)	\$48,000	2.25%	\$1,080
New Amount To Be Withheld			<u>\$1,320</u>
Shaker Heights Residence Tax To Be Paid (Not Withheld)			\$210
New Muni Tax Total			<u>\$1,530</u>

### Tax Year 2022 Residence Tax Estimates

# Residents Declaring 2022 Estimates MAKES IT **EASY**

- How will new withholding practices impact employees' residence tax estimates for 2022?
- Easy button pay the same amount in estimated taxes in 2022 that was owed for 2021.
- Check out a current paystub to understand how employer is withholding, adjust estimate accordingly.

#### Tax Year 2022 – Estimate Example

- Jon Anderson
- Works in Cleveland, lives in Cleveland 0 Hts.
- Works a Hybrid Schedule in 2022
  - 2 days in office in Cleveland (40%)
  - 3 days from home in Cleveland Hts. (60%)
- Will Earn \$90,000 in 2022 0
  - 40% Cleveland is \$36,000
  - o 60% Cleveland Hts. is \$54,000
- From his 2021 return, Jon will 0 complete worksheet 1 to calculate his estimate for 2022
- Estimated tax for 2022 based on new  $\cap$ withholding will be \$630.
  - \$36000 \* .0175 = \$630
  - (Cleveland Hts. has a 2.25% tax rate, 1% 0 credit rate and 50% credit factor.)

Worksheet 1 – Estimated Tax Computation:

If you are not a resident of a RITA municipality, skip to Line 9 of Worksheet 1.				
<b>RITA Mur</b>	nicipality Resident Section:			
1	Estimated total taxable income for 2022.	\$	90,000.00	
2	Multiply Line 1 by the 2022 resident municipality tax rate.	s	2,025.00	
3	Tax expected to be withheld or paid to your work municipality.	\$	900.00	
4	Multiply each separate income earned outside your resident municipality by the Credit Rate of your resident municipality and provide the total here.	\$	360.00	
5	Multiply Line 3 or 4, whichever is less, by the Credit Factor of your resident municipality.	\$	180.00	
6	Tax expected to be withheld for resident municipality.	\$	1,215.00	
7	Add Lines 5 and 6.	\$	1,395.00	
8	\$200 or more, enter this amount in Section B, Line 20a. If amount is less than \$200 and you would like to make estimated payments, enter total of Line 8 in Section B, Line 20a.	\$	630.00	

### Impact to Jon

#### **PRIOR YEAR 2020**

Annual Salary: \$90,000 Work Location: Cleveland Residence Location: Cleveland Hts.

Amount	%	Description
\$2,250	2%	Cleveland Workplace Tax
\$1,575	1.75%	Cleveland Hts. Residence Tax
\$3,825		Total Muni Tax Being Paid by Jon

#### **CURRENT STATE 2021**

Annual Salary: \$90,000
Work Location: Cleveland
Residence Location: Cleveland Hts.

Amount	%	Description
\$750	2.5%	Cleveland Workplace Tax
\$1,875		Cleveland Hts. Residence Tax (combination of 2.25% and 1.75%)
\$2,625		Total Muni Tax Being Paid by Jon

#### **GOING FORWARD**

- **Annual Salary:** \$90,000
- Work Location: Cleveland (2 Days , 40%)
- Work and Residence Location: Cleveland Hts. (3 Days, 60%)

Amount	%	Description
\$900	2%	Cleveland Workplace Tax (40%)
\$1.215	2.25%	Cleveland Hts. Workplace Tax (60%)
\$2,115		New Amount To Be Withheld
\$630	1.75%	Cleveland Hts. Residence Tax
\$2745		New Muni Tax Total

# Things to consider for the Form 27 Net Profits Tax Return

- Safe harbor rules likely protect most RITA net profit taxpayers for 2022 in regards to allocation changes due to hybrid changes in withholding.
- Consider consulting the payroll department
  - Equipment in employee homes
  - Performing services while WFH

## Final notes about NOLs

- Most old/pre-HB5 losses will expire in 2021. The NOL worksheet will not be required in most cases.
- What does this mean to your clients? If there is income in a municipality, it will no longer be eliminated by an NOL until the phase-in period ends.
  - This means tax will be owed in that municipality, even if an NOL is available.
  - Exceptions: tax imposed after 1/1/16 & muni allowed pre HB5 NOLS to be carried forward more than 5 years (Jewett & McDonald.)

10,000 44,006

3,000 41.006

51,006

60,000 25,503

25,503 25,503

25,503 0 0

> 100 200

300 0

300

Page 1 27F20

10-0000029

TRUST #2 EXAMPLE 29

#### 2021 No Tax

If a company	1. INCOME PER ATTACHED FEDERAL RETURN	1
	(per attached Form 1041, Pg 1, Ln 17)	
	2. A. ITEMS NOT DEDUCTIBLE (From Page 3, Schedule X, Line G)	Add 2A
has been	B. ITEMS NOT TAXABLE (From Page 3, Schedule X, Line Q)	Deduct 2B
	C. ENTER EXCESS OF LINE 2A or 2B	2C
carrying a	3. A. ADJUSTED FEDERAL TAXABLE INCOME	3A
	(Line 1 plus or minus line 2C) if Schedule X is used <b>B</b> PRE-APPORTIONED LOSSES FOR TAX YEARS BEGINNING ON OR AFTER 1/1/17	
	(subject to 50%). Check this box if utilizing a NOL prior to 1/1/17 first. See instructions	
pre-HB5 loss,	<ol> <li>TOTAL UNUTILIZED PRE-APPORTIONED LOSSES FROM TAX YEARS BEGINNING ON OR AFTER 1/1/17</li> </ol>	► 3B(i)
	ii. PRE-APPORTIONED LOSSES	► 3B(ii)
2022 is likely	FROM TAX YEARS BEGINNING ON OR AFTER 1/1/17 UTILIZED IN 2020 III. INCOME/LOSS SUBJECT TO APPORTIONMENT	▶ 3B(iii)
		► 3D(iii)
	C. AMOUNT ALLOCABLE TO RITA	3C
	If Schedule Y, Page 4 is used 100.0000% of Line 3B(iii)	> 20
the first year	D. POST APPORTIONED LOSSES FOR TY'S BEGINNING BEFORE 1/1/17 Per Previous municipal Income Tax Returns (schedule must be submitted). See instructions	► 3D
	4. AMOUNT SUBJECT TO MUNICIPAL INCOME TAX	▶ 4
	(Calculated) 5. MUNICIPAL TAX DUE (See Instructions)	► 5
they will feel	NOTE: Must complete Schedule B on Page 2	
	6. A. ESTIMATED MUNICIPAL TAX PAYMENTS FOR THE YEAR 2020	6A
	B. AMOUNT OF PREVIOUS YEAR CREDITS	6B
the impact of	C. TOTAL CREDITS ALLOWABLE (Line 6A + 6B)	► 6C
	7. A. BALANCE DUE (Line 5 less Line 6C)	► 7A
the 50% NOL	REMITTANCE PAYABLE TO RITA MUST ACCOMPANY THIS FORM CHECK #:	
THE JU/0 NUL	B. OVERPAYMENT CLAIMED	7B
	(If Line 6C exceeds Line 5 enter the diffeence here and check the desired box)	
nhaca in	Refund 🔽 (Overpayments cannot be split between refund and credit)	
	Credit	
phase-in. REGIONAL INCOME TAX A	GENCY I January 2022 FORM 27	THE PAUL FAMILY T

#### 2022 Tax Due

1. INCOME PER ATTACHED FEDERAL RETURN (per attached Form 1041, Pa 1, La 17)	1	10,000
2. A. ITEMS NOT DEDUCTIBLE (From Page 3, Schedule X, Line G)	Add 2A	44,006
B. ITEMS NOT TAXABLE (From Page 3, Schedule X, Line Q)	Deduct 2B	3,000
C. ENTER EXCESS OF LINE 2A or 2B	2C	41,006
3. A. ADJUSTED FEDERAL TAXABLE INCOME (Line 1 plus or minus line 2C) if Schedule X is used	3A	51,006
B PRE-APPORTIONED LOSSES FOR TAX YEARS BEGINNING ON OR AFTER 1/1/17		
(subject to 50%). Check this box if utilizing a NOL prior to 1/1/17 first. See instructions		
<ol> <li>TOTAL UNUTILIZED PRE-APPORTIONED LOSSES FROM TAX YEARS BEGINNING ON OR AFTER 1/1/17</li> </ol>	► 3B(i)	60,000
PRE-APPORTIONED LOSSES     FROM TAX YEARS BEGINNING ON OR AFTER 1/1/17 UTILIZED IN 2020	► 3B(ii)	25,503
iii. INCOME/LOSS SUBJECT TO APPORTIONMENT	3B(iii)	25,503
C. AMOUNT ALLOCABLE TO RITA If Schedule Y, Page 4 is used 100.0000% of Line 3B(iii)	3C	25,503
D. POST APPORTIONED LOSSES FOR TY'S BEGINNING BEFORE 1/1/17 Per Previous municipal Income Tax Returns (schedule must be submitted). See instructions	► 3D	0
4. AMOUNT SUBJECT TO MUNICIPAL INCOME TAX (Calculated)	▶ 4	25,503
5. MUNICIPAL TAX DUE (See Instructions)	▶ 5	510
NOTE: Must complete Schedule B on Page 2		
6. A. ESTIMATED MUNICIPAL TAX PAYMENTS FOR THE YEAR 2020	6A	100
B. AMOUNT OF PREVIOUS YEAR CREDITS	6B	200
C. TOTAL CREDITS ALLOWABLE (Line 6A + 6B)	► 6C	300
<ol> <li>A. BALANCE DUE (Line 5 less Line 6C) REMITTANCE PAYABLE TO RITA MUST ACCOMPANY THIS FORM CHECK #:</li> </ol>	► 7A	210
B. OVERPAYMENT CLAIMED If Line 6C exceeds Line 5 enter the diffeence here and check the desired box) Refund	7B	0
(Overpayments cannot be split between refund and credit)		Page
Credit		27F20
EOPM 27	THE PAUL FAMILY TF	

FORM 27

10-0000029

Tax Year	2021	2022
AFTI	\$ 51,006.00	\$ 51,006.00
Total Pre-Apportioned Loss	\$ 60,000.00	\$ 60,000.00
Utilized Pre-Apportioned Loss	\$ 25,503.00	\$ 25,503.00
Income/Loss Subject to RITA muni	\$ 25,503.00	\$ 25,503.00
Post-Apportioned Loss	\$ 25,503.00	\$ -
Amount Subject to Municipal Tax	\$ -	\$ 25,503.00
Tax Due at 2% Rate	\$-	\$ 510.00

### Questions

## Participant Questions



## **Remote Work & Municipal Tax Withholding**

## **Potential Impacts**

#### o Who?

 Everyone – employers; employees; and municipalities

#### o What?

 New withholding obligations; employee residence tax impacts; and shifts in municipal revenues

#### o When?

- As early as 1Q 2022
- Refunds in 2023

## **Remote Work & Municipal Tax Withholding**

# Other Considerations

- Tax credit or economic development incentives based on a company's payroll
- Impact on current agreements
- Drafting future agreements

## **Remote Work & Municipal Tax Withholding**

# What Can Employers Do Now?

- Talk to the municipality's tax administrator about the company's plans.
- Reasonable proposals for meeting withholding obligations.
- Work with payroll providers or software vendors to ensure you can properly administer municipal income tax withholding.

### CPE

## Reminders

- To submit CPE verification using the "8 Code Words" and/or
- To vouch for attendees at your office, email list(s) of attendees to:

Communications@ritaohio.com

 Certificates will be sent to compliant attendees by January 25<sup>th</sup>.

## We're Social

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Thank You!

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