

**FORM  
11A**

Regional Income Tax Agency  
Adjusted Employer's Municipal Tax  
Withholding Statement



800.860.7482  
TDD 440.526.5332  
ritaohio.com

1. Name: \_\_\_\_\_ Fed. ID#: \_\_\_\_\_  
 Address #: \_\_\_\_\_ Street: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**2. Originally Filed**

For the period \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YYYY MM DD YYYY

Municipality	Workplace Wages	Workplace Tax Withheld	Residence Tax Withheld	Total Tax Withheld
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
<b>Totals</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

**3. Adjusting To**

Municipality	Workplace Wages	Workplace Tax Withheld	Residence Tax Withheld	Total Tax Withheld
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____
<b>Totals</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>\$ _____</b>

4. Balance Due \$ \_\_\_\_\_

5. Overpayment \$ \_\_\_\_\_

Refund

Credit  (Must distribute in Section 7)

**Reason for Adjusting explanation must be provided for all fields.**

Examples: If you are adjusting the municipality from what was originally reported, you must provide the physical address of the adjusted municipality you are reporting in the "Adjusted To" column.

If you are adjusting wages, provide explanation as to why wages changed from the original reported amount(s).

## 6. Reason for Adjusting

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## 7. Distribution of Overpayment

(From Section 5)

Municipality	Amount	Distribute Credit to Tax Period
_____	\$ _____	____/____/____ MM DD YYYY
_____	\$ _____	____/____/____ MM DD YYYY
_____	\$ _____	____/____/____ MM DD YYYY
_____	\$ _____	____/____/____ MM DD YYYY
_____	\$ _____	____/____/____ MM DD YYYY
_____	\$ _____	____/____/____ MM DD YYYY
_____	\$ _____	____/____/____ MM DD YYYY
_____	\$ _____	____/____/____ MM DD YYYY

## 8. I HAVE EXAMINED THIS RETURN, AND TO THE BEST OF MY KNOWLEDGE, IT IS CORRECT.

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Remit to: REGIONAL INCOME TAX AGENCY -- P.O. BOX 477900 BROADVIEW HEIGHTS, OH 44147-7900  
Fax: 440.922.3536