



**SECTION  
A**

FOR THE PERIOD

TO

DUE ON OR BEFORE

FED. ID #:

NAME:

ADDRESS #:

SUITE:

STREET NAME:

CITY:

STATE:

ZIP CODE:

- 1. TOTAL WAGES SUBJECT TO WORKPLACE TAX
- 2. TOTAL AMOUNT OF WORKPLACE TAX WITHHELD
- 3. TOTAL AMOUNT OF RESIDENCE TAX WITHHELD
- 4. TOTAL AMOUNT DUE AND PAID

**MAKE CHECK PAYABLE TO: RITA** CHECK #:

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

SIGNATURE

PRINT NAME

TITLE

DATE

PHONE NUMBER

**SECTION B** SECTION B **MUST** BE COMPLETED. SECTION A **MUST** EQUAL SECTION B. NEGATIVE AMOUNTS ARE NOT ACCEPTABLE.

CHECK HERE IF YOU HAVE ANY CHANGES TO YOUR DISTRIBUTION AND COMPLETE SECTION B ON THIS FORM.

MUNICIPALITY

WORKPLACE WAGES

WORKPLACE  
TAX WITHHELD

RESIDENCE TAX  
WITHHELD

**SECTION  
B**

MUNICIPALITY

WORKPLACE WAGES

WORKPLACE  
TAX WITHHELD

RESIDENCE TAX  
WITHHELD