E-FILE
REGIONAL INCOME TAX AGENCY

www.ritaohio.com

REGIONAL INCOME TAX AGENCY EMPLOYER'S MUNICIPAL TAX WITHHOLDING STATEMENT

FORM 11

SECTION A

FOR THE PERIOD

__ __ – __ __ TO __ __ – __ __

DUE ON OR BEFORE __ __ – __ __

FED. ID #: _____

NAME: _____

ADDRESS #: _____ SUITE: _____

STREET NAME: _____

CITY: _____

STATE: __ __ ZIP: _____ – _____

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: R.I.T.A.

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 RATE	WORKPLACE TAX WITHHELD	RESIDENCE TAX WITHHELD
		%		
		%		
		%		
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REGIONAL INCOME TAX AGENCY
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TOLL FREE: (800) 860-RITA (7482)

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TDD: (440) 526-5332

YOUNGSTOWN TOLL FREE: (866) 750-RITA (7482)
FAX: (440) 717-9448

SECTION B

FORM 11

MUNICIPALITY	WORKPLACE WAGES	WORKPLACE TAX RATE	WORKPLACE TAX WITHHELD	RESIDENCE TAX WITHHELD
		%		
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