

FORM 27

SCHEDULE B - DISTRIBUTION OF TAX WITHIN R.I.T.A. MUNICIPALITIES

TOTAL TAX DISTRIBUTED BELOW MUST EQUAL AMOUNT FROM PAGE 1, LINE 5

(If more space is needed, attach additional schedule)

Municipality Name	Taxable Income / Loss	Tax Rate	Tax Due
<input type="text"/>	<input type="text"/> .00	<input type="text"/> .%	<input type="text"/> .00
<input type="text"/>	<input type="text"/> .00	<input type="text"/> .%	<input type="text"/> .00
<input type="text"/>	<input type="text"/> .00	<input type="text"/> .%	<input type="text"/> .00

COMPUTATION OF ESTIMATED TAX

ESTIMATED TAX DISTRIBUTION FROM LINE 8A

(If more space is needed, attach additional schedule)

Municipality Name	Taxable Income / Loss	Tax Rate	Tax Due
<input type="text"/>	<input type="text"/> .00	<input type="text"/> .%	<input type="text"/> .00
<input type="text"/>	<input type="text"/> .00	<input type="text"/> .%	<input type="text"/> .00
<input type="text"/>	<input type="text"/> .00	<input type="text"/> .%	<input type="text"/> .00

8. A. ESTIMATED TAX (From distribution above)	▶ 8A	<input type="text"/> .00
B. CREDIT (If any) FROM PRIOR YEAR (7B)	8B	<input type="text"/> .00
C. LINE 8A LESS LINE 8B	8C	<input type="text"/> .00
D. AMOUNT PAID (Not less than 1/4 of estimated tax) (IF LINE 8A IS LEFT BLANK AN ESTIMATE WILL BE CREATED FOR YOU BASED ON YOUR PRIOR YEAR'S TAX LIABILITY AND MUNICIPAL DISTRIBUTION)	8D	<input type="text"/> .00
9. TOTAL OF 7A + 8D	9	<input type="text"/> .00

MAKE CHECKS PAYABLE TO R.I.T.A.

I CERTIFY I HAVE EXAMINED THIS RETURN, INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT, COMPLETE, AND THAT THE FIGURES USED HEREIN ARE THE SAME AS USED FOR FEDERAL INCOME TAX PURPOSES.

_____ SIGNATURE OF OFFICER OR PARTNER		_____ PREPARER'S SIGNATURE	_____ PRINT NAME
_____ PRINT NAME		_____ PREPARER'S ADDRESS	
_____ TITLE	_____ PHONE	_____ DATE	_____ PREPARER'S PHONE
		_____ FIRM NAME	

Regional Income Tax Agency
P.O. Box 89475
Cleveland, Ohio 44101-6475
Web Site: www.ritaohio.com

May R.I.T.A. discuss
this return with the
preparer shown above?
 Yes No

CLEVELAND LOCAL: (440) 526-0900
TOLL FREE: (800) 860-RITA (7482)
COLUMBUS TOLL FREE: (866) 721-RITA (7482)
YOUNGSTOWN TOLL FREE: (866) 750-RITA (7482)
TDD: (440) 526-5332
FAX: (440) 717-9448

SCHEDULE X – ADJUSTMENT TO FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE

- A. LOSSES THAT DIRECTLY RELATE TO THE SALE, EXCHANGE, OR OTHER DISPOSITION OF AN ASSET DESCRIBED IN 1221 OR 1231 OF THE IRC .00
- B. TAXES BASED ON INCOME .00
- C. 5% OF THE AMOUNT DEDUCTED AS INTANGIBLE INCOME EXCLUDING THE PORTION DIRECTLY RELATED TO THE SALE, EXCHANGE, OR OTHER DISPOSITION OF PROPERTY DESCRIBED IN 1221 OF THE IRC .00
- D. AMOUNTS PAID OR ACCRUED TO QUALIFIED SELF-EMPLOYED RETIREMENT, HEALTH & LIFE INSURANCE PLANS FOR OWNERS OR OWNER-EMPLOYEES OF NON-C CORPORATION ENTITIES, OR SELF-EMPLOYMENT TAX .00
- E. REIT'S AND RIC'S - ALL AMOUNTS WITH RESPECT TO DIVIDENDS, DISTRIBUTIONS, OR AMOUNTS SET ASIDE FOR OR CREDITED TO THE BENEFIT OF INVESTORS AND ALLOWED AS A DEDUCTION .00
- F. OTHER: (ATTACH EXPLANATION) .00
- G. TOTAL ADDITIONS (ENTER ON PAGE 1, LINE 2A) .00

ITEMS NOT TAXABLE

- N. INCOME AND GAINS - FEDERALLY REPORTED INCOME AND GAINS FROM IRC 1221 OR 1231 PROPERTY DISPOSITIONS EXCEPT TO THE EXTENT THE INCOME AND GAINS APPLY TO THOSE DESCRIBED IN 1245 OR 1250 OF THE IRC .00
- O. INTANGIBLE INCOME SUCH AS INTEREST, DIVIDEND, PATENT, AND COPYRIGHT INCOME ALSO INCLUDE ROYALTY INCOME EXCEPT ROYALTIES DERIVED FROM INTEREST IN LAND (i.e. OIL & GAS RIGHTS, ETC.) .00
- P. OTHER: PASS-THROUGH INCOME (LOSS) (ATTACH EXPLANATION) .00
- Q. TOTAL DEDUCTIONS (ENTER ON LINE 2B) .00

AFTI WORKSHEET
ADJUSTED FEDERAL TAXABLE INCOME
 For use by taxpayers that are NOT C Corporations

- (1) Federal Form 1120S (S Corporations) - Sch. K - Line 18
- (2) Federal Form 1065 (Partnerships, LLC's, LLP's) - Sch. K - Analysis of Net Income (Loss), Page 5 - Line 1
- (3) Federal Form 1041 (Estates, Trusts) - Page 1 - Line 17

	Form 1120S	Form 1065	Form 1041
a) From Federal Return (Above)	\$	\$	\$
b) Excess 179 Deduction / Carryover			
c) Charitable Contribution - In Excess of 10% Limitation			
d) Other: _____			
e) "ADJUSTED FEDERAL TAXABLE INCOME"	\$	\$	\$

SCHEDULE Y - BUSINESS APPORTIONMENT FORMULA (See Instructions)

	A. LOCATED EVERYWHERE	B. R.I.T.A. MUNICIPALITY	C. PERCENTAGE (B / A)
STEP 1. AVERAGE ORIGINAL COST OF REAL & TANGIBLE PERSONAL PROPERTY	\$ _____	\$ _____	
GROSS ANNUAL RENTALS MULTIPLIED BY 8	\$ _____	\$ _____	
TOTAL OF STEP 1	\$ _____	\$ _____	%
STEP 2. TOTAL WAGES, SALARIES, COMMISSION AND OTHER COMPENSATION PAID TO ALL EMPLOYEES	\$ _____	\$ _____	%
STEP 3. GROSS RECEIPTS FROM SALES AND WORK OR SERVICES PERFORMED	\$ _____	\$ _____	%
STEP 4. TOTAL OF PERCENTAGES			%
AVERAGE PERCENTAGE (DIVIDE TOTAL PERCENTAGES BY NUMBER OF PERCENTAGES USED)			%

	A. LOCATED EVERYWHERE	B. R.I.T.A. MUNICIPALITY	C. PERCENTAGE (B / A)
STEP 1. AVERAGE ORIGINAL COST OF REAL & TANGIBLE PERSONAL PROPERTY	\$ _____	\$ _____	
GROSS ANNUAL RENTALS MULTIPLIED BY 8	\$ _____	\$ _____	
TOTAL OF STEP 1	\$ _____	\$ _____	%
STEP 2. TOTAL WAGES, SALARIES, COMMISSION AND OTHER COMPENSATION PAID TO ALL EMPLOYEES	\$ _____	\$ _____	%
STEP 3. GROSS RECEIPTS FROM SALES AND WORK OR SERVICES PERFORMED	\$ _____	\$ _____	%
STEP 4. TOTAL OF PERCENTAGES			%
AVERAGE PERCENTAGE (DIVIDE TOTAL PERCENTAGES BY NUMBER OF PERCENTAGES USED)			%

	A. LOCATED EVERYWHERE	B. R.I.T.A. MUNICIPALITY	C. PERCENTAGE (B / A)
STEP 1. AVERAGE ORIGINAL COST OF REAL & TANGIBLE PERSONAL PROPERTY	\$ _____	\$ _____	
GROSS ANNUAL RENTALS MULTIPLIED BY 8	\$ _____	\$ _____	
TOTAL OF STEP 1	\$ _____	\$ _____	%
STEP 2. TOTAL WAGES, SALARIES, COMMISSION AND OTHER COMPENSATION PAID TO ALL EMPLOYEES	\$ _____	\$ _____	%
STEP 3. GROSS RECEIPTS FROM SALES AND WORK OR SERVICES PERFORMED	\$ _____	\$ _____	%
STEP 4. TOTAL OF PERCENTAGES			%
AVERAGE PERCENTAGE (DIVIDE TOTAL PERCENTAGES BY NUMBER OF PERCENTAGES USED)			%

STEP 5. (Sum all STEP 4 average percentages for each municipality, enter on Page 1, Line 3B) _____

SCHEDULE Y-1: RECONCILIATION OF SCHEDULE Y WAGES TO WITHHOLDING RETURNS

1. Total workplace R.I.T.A. wages shown on your withholding tax returns filed for the year covered by this return. \$ _____

2. Explanation of any difference between total wages remitted and total wages shown on Schedule Y above: _____

3. Provide the EIN, name, and address under which the withholding tax was remitted if different.

EIN: _____ Address: _____

Name: _____

SCHEDULE Z: PASS-THROUGH DISTRIBUTIVE SHARES OF NET INCOME

Attach a schedule of each partner's/shareholder's name, social security number, distributive share, guaranteed payments (if applicable) and taxable percentage.