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 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: 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
P.O. BOX 94736 CLEVELAND, OH 44101-4736

CLEVELAND TOLL FREE: (800) 860-RITA (7482)

COLUMBUS TOLL FREE: (866) 721-RITA (7482)
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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