

**FORM  
20**

**REGIONAL INCOME TAX AGENCY**  
**Declaration of Estimated Municipal Tax on Net Profits**

Fed. ID #             Tax Year Ending (mm/dd/yy):

Name:

Address #:                      Street:                      Suite:

City:                      State   Zip:       -

**Computation of Estimated Tax:**

1. Total Estimated Tax (From Distribution Below) .....	\$	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.00
2. Less Prior Year Credit .....	\$	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.00
3. Total Tax Due .....	\$	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.00
4. Amount Paid (Make check payable to RITA) .....	\$	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.00
(Not Less than 1/4 of Estimated Tax)							

**Distribute Amounts of Estimated Tax From Item 1 Above (If additional space is needed attach a separate sheet):**

Municipality:	Amount:
<input type="text"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> .00
<input type="text"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> .00
<input type="text"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> .00
<input type="text"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> .00
<input type="text"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> .00
<input type="text"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> .00
<input type="text"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> .00
<input type="text"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> .00
<input type="text"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> .00
<input type="text"/>	\$ <input type="text"/> , <input type="text"/> , <input type="text"/> .00

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

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Phone:    -    -

Remit to:  
REGIONAL INCOME TAX AGENCY  
P.O. Box 89475  
Cleveland, Ohio 44101-6475



\*FORM 20\*