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REGIONAL INCOME TAX AGENCY EMPLOYER'S MUNICIPAL TAX WITHHOLDING STATEMENT

FORM 11

SECTION A

FOR THE PERIOD

Grid for period start and end dates

TO

Grid for due on or before date

FED. ID # grid

NAME grid

ADDRESS # and SUITE grids

STREET NAME grid

CITY grid

STATE and ZIP grids

1. TOTAL WAGES SUBJECT TO WORKPLACE TAX \$ grid

2. TOTAL AMOUNT OF WORKPLACE TAX WITHHELD \$ grid

3. TOTAL AMOUNT OF RESIDENCE TAX WITHHELD \$ grid

4. TOTAL AMOUNT DUE AND PAID \$ grid

MAKE CHECK PAYABLE TO: R.I.T.A.

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

SIGNATURE grid

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

PHONE NUMBER grid

SECTION B

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

Check box for municipality changes

CHECK HERE IF YOU HAVE ANY CHANGES TO YOUR MUNICIPALITY (IES) OF DISTRIBUTION AND COMPLETE SECTION B ON THIS FORM.

Table with 5 columns: MUNICIPALITY, WORKPLACE WAGES, WORKPLACE TAX RATE, WORKPLACE TAX WITHHELD, RESIDENCE TAX WITHHELD. Contains 13 rows of data entry grids.

