



**1** Tax Year:

**3** Total number of W-2's enclosed:

Due on or before the last day of February of the following year.

Total number of 1099-NEC enclosed:

Fed. ID #:

Total number of employees working in a  
RITA member municipality(ies) at year  
end:

Name:

IF THIS IS AN AMENDED  
RETURN CHECK HERE

Address #:

Suite:

**OUT OF BUSINESS**

Street Name:

City:

**MOVED OUT OF RITA**

State:

Zip Code:

Period	<b>2</b>	Workplace Wages	Workplace Tax Withheld	Residence Tax Withheld
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				
<b>Total</b>	<b>4</b>	0.00	0.00	0.00

Totals must be distributed by municipality on Page 2 in Section 5.

(if additional space is needed, attach a separate schedule)

Fed. ID #:

5

Municipality			Number of employees at year end	Working from Home (WFH) Indicator*
Workplace Wages	Workplace Tax Rate %	Workplace Tax	Residence Tax	

Municipality			Number of employees at year end	Working from Home (WFH) Indicator*
Workplace Wages	Workplace Tax Rate %	Workplace Tax	Residence Tax	

Municipality			Number of employees at year end	Working from Home (WFH) Indicator*
Workplace Wages	Workplace Tax Rate %	Workplace Tax	Residence Tax	

Municipality			Number of employees at year end	Working from Home (WFH) Indicator*
Workplace Wages	Workplace Tax Rate %	Workplace Tax	Residence Tax	

Municipality			Number of employees at year end	Working from Home (WFH) Indicator*
Workplace Wages	Workplace Tax Rate %	Workplace Tax	Residence Tax	

6	TOTAL: Must equal totals on Page 1 from Section 4.			7	Total number of employees at year end
	Total Workplace Wages	Total Workplace Tax	Total Residence Tax		
	0.00	0.00	0.00		0

8 Note: If you file a Form 17 as a professional employer organization (PEO), common pay master, co-employer, or other agent providing payroll services to unrelated third party employers, including, but not limited to, clients, subsidiaries, other companies, etc., you must also provide specific information on each of these employers. Use Schedule R-17 to report for each employer EIN and Name and to allocate the Workplace Wages, Workplace Tax Withheld, Residence Tax Withheld and RITA Municipality.

\*Check the WFH indicator box if employees worked from home (or from a qualified remote work location) in the municipality listed. These wages are reported as part of workplace wages.

I have examined this return and to the best of my knowledge it is correct.

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Signature	Title	Date
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Print Name

Phone:

Mail to: Attn RITA  
P.O. BOX 715170  
CINCINNATI, OH 45271-5170  
Fax: 440.922.3536

For OVERNIGHT mail: Attn RITA  
P.O. BOX 715170  
895 CENTRAL AVENUE SUITE 600  
CINCINNATI, OH 45202-5703