



RITA Tax Year 2022 - RITTMAN  
 Municipal Income Tax Refund Request  
 PO Box 95422  
 Cleveland, OH 44101-0033



800.860.7482  
 TDD 440.526.5332  
 ritaohio.com

Your social security number		Tax year of claim <b>2022</b>
Your first name and middle initial	Last name	
Current home address (number and street)		Apt #
City, state, and ZIP code		

This form is for Rittman Tax Year 2022 refund requests. To avoid delays in your refund request, please fill out all fields and include your W-2.

Please go to [www.rittman.com](http://www.rittman.com) for more information.

Contact phone number: \_\_\_\_\_

### Reason for Claim

The City of Rittman's tax rate has changed from 1.5% to 1.0%. Refunds of 0.5% for tax year 2022 may be requested.

This form is to request Tax Year 2022 City of Rittman refunds for only the reason specified below.

Checking the box below for the reason for the claim means that you were withheld by your employer at the rate of 1.5%.

- \* A separate 10A is required if you have multiple W-2 forms.
- \* **Any refund requests submitted using this form for other reasons and/or for other municipalities will be deemed ineligible.**
- \* **You MUST attach a copy of your W-2.**
- \* Please note that if you are eligible to receive a refund for this reason and you live in a municipality that imposes a tax, you may owe additional tax to that municipality. If your resident municipality is also administered by RITA, the refund will be transferred to the resident municipality if additional tax is due and RITA will only refund to you any difference.

**Employer withheld at a rate higher than the municipality's tax rate.** Attach a copy of your W-2 Form.

### Claim Summary - Submit one claim per form. Please complete a separate 10A if multiple employers/municipalities exist.

1. Federal ID #	1	Employer Name
2. Municipality for which tax was withheld (from W-2, Box 20)	2	Rittman
3. N/A	3	
4. Amount of over withholding claimed	4	
5. Amount of your over withholding you want applied as a payment to your individual or joint account instead of being refunded to you. Enter -0- if you want all of your refund sent to you.	5	
Provide the social security number of the account to which you want the amount on line 5 to be credited		SSN of account to be credited
6. Net amount to be refunded. Subtract line 5 from line 4. <b>Amounts \$10 or less will not be refunded.</b>	6	

### Taxpayer's Signature

Under penalties of perjury, I declare that I have examined this claim, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this information may be released to the tax administrator of the municipality of residence and the Internal Revenue Service. I further understand that if this refund changes my RITA residence tax, an amended return must be filed before the refund will be issued.

\_\_\_\_\_  
 Taxpayer's Signature Date

\_\_\_\_\_  
 Taxpayer's Daytime Phone

#### To avoid delay:

- \* Mail this form along with the required documents to the address shown at right: and
- \* if filing Form 37, attach the 10A to the completed return and mail them together.

#### Mail with required documentation to:

**Regional Income Tax Agency**  
**PO Box 95422**  
**Cleveland, OH 44101-0033**