

FORM 17

REGIONAL INCOME TAX AGENCY

Reconciliation of Income Tax Withheld



① For the year ending:

③ Total Number of W-2s Enclosed:

Due on or before February 28th of the following year

Total number of employees working in a R.I.T.A. member municipality(ies) at year end:

Fed. ID #:

Name:

Address #: Suite:

Street Name:

City:

State: Zip:

IF THIS IS AN AMENDED RETURN CHECK HERE

Out of Business

M M D D Y Y Y Y

Period	② Workplace Wages	Workplace Tax Withheld	Residence Tax Withheld
January	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
February	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
March	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
April	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
May	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
June	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
July	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
August	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
September	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
October	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
November	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
December	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Total	④ \$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Totals must be distributed by municipality on the back of this form.

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



⑤ Municipality Number of employees at year end

Workplace Wages Workplace Tax Rate Workplace Tax Residence Tax

\$ % \$ \$

Municipality Number of employees at year end

Workplace Wages Workplace Tax Rate Workplace Tax Residence Tax

\$ % \$ \$

Municipality Number of employees at year end

Workplace Wages Workplace Tax Rate Workplace Tax Residence Tax

\$ % \$ \$

Municipality Number of employees at year end

Workplace Wages Workplace Tax Rate Workplace Tax Residence Tax

\$ % \$ \$

Municipality Number of employees at year end

Workplace Wages Workplace Tax Rate Workplace Tax Residence Tax

\$ % \$ \$

Municipality Number of employees at year end

Workplace Wages Workplace Tax Rate Workplace Tax Residence Tax

\$ % \$ \$

⑥ TOTAL: Must equal totals from Section 4 on the front side of this form. ⑦ Total Number of employees at year end

Total Workplace Wages Total Workplace Tax Total Residence Tax Total Number of employees at year end

\$ \$ \$

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

⑧ _____

Signature Title Date

Phone:

Remit to: REGIONAL INCOME TAX AGENCY - P.O. BOX 477900
 BROADVIEW HEIGHTS, OHIO 44147-7900

