

Form

17

Regional Income Tax Agency  
Reconciliation of Income Tax  
Withheld and W-2/1099-NEC Transmittal



800.860.7482  
TDD 440.526.5332  
ritaohio.com

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	2	Workplace Wages	Workplace Tax Withheld	Residence Tax Withheld
January				
February				
March				
April				
May				
June				
July				
August				
September				
October				
November				
December				
Total	4			

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\*

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Workplace Wages Workplace Tax Rate % Workplace Tax Residence Tax

6 TOTAL: Must equal totals on Page 1 from Section 4.

Total Workplace Wages Total Workplace Tax Total Residence Tax

7 Total number of employees at year end

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.

9

Signature Title Date

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