



RITA Tax Year 2024 - MINGO JUNCTION
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 2024
Your first name and middle initial	Last name	
Current home address (number and street)		Apt #
City, state, and ZIP code		

This form is for Mingo Junction Tax Year 2024 refund requests. To avoid delays in your refund request, please fill out all fields.

Contact phone number: _____

Reason for Claim

The Village of Mingo Junction's tax rate has changed from 2.0% to 1.0%. Refunds of 1.0% for tax year 2024 may be requested.

This form is to request Tax Year 2024 Village of Mingo Junction refunds for only the reasons specified below.

- * 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 for Claim Reason #1.** Checking the box for Claim Reason #1 means that you were withheld by your employer at the rate of 2.0%.
 - * Please note that if you are eligible to receive a refund 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 only the difference refunded to you.
1. **Employer withheld at a rate higher than the municipality's tax rate.** Complete Lines 1 and Lines 4-6 and attach a copy of your W-2 Form.
 2. **Refund of overpayment on account if you have already filed Form 37.** Complete Line 6 below and sign the form.

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

1. Employer Federal ID #	1	Employer Name
2. Municipality for which tax was withheld (from W-2, Box 20)	2	Mingo Junction
3. N/A	3	[REDACTED]
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.	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