

|   |                                 |  |       |
|---|---------------------------------|--|-------|
| Your social security number                               | Spouse's social security number |  |       |
| Your first name and middle initial                        | Last name                       |  |       |
| If a joint return, spouse's first name and middle initial | Last name                       |  |       |
| Home address (number and street)                          |                                 |  | Apt # |
| City, state, and ZIP code                                 |                                 |  |       |
| Daytime phone number                                      | Evening phone number            |  |       |

### Filing Status:

- Single or Married Filing Separately 3  
 Joint 2 1

If you have an EXTENSION check here and attach a copy:  EXTENSION

If this is an amended return, check here:

**RITA's eFile**  
**Easy, Fast, Free & Secure**  
[www.ritaohio.com](http://www.ritaohio.com)

### Move Information

- Check here if you moved since January 1, 2014, and indicate your change of address. If you moved more than once, supply the additional move information on a separate sheet.

Date of Move:

|                                     |      |       |     |
|-------------------------------------|------|-------|-----|
| Current Address (number and street) | City | State | Zip |
| Prior Address (number and street)   | City | State | Zip |

## Section A

List all W-2 wages earned in 2014 and the amount of municipal (city) tax withheld while living in a RITA municipality. In general, unless you moved into or out of a RITA municipality during the year, your taxable wages cannot be less than Medicare wages (Box 5 of your W-2). List all tax withheld to your resident municipality in Column 3 only (even if you worked in the municipality where you lived). In Column 4, indicate the name of the municipality in which you or your spouse physically worked. This may be different from the employer's address shown on the W-2. If you did not work in a city or village enter "None" in Column 4. DO NOT enter school district tax into columns 2 or 3.

| Paperclip Local/City copy of W-2 Forms and Check or Money Order Here<br>Do not use staples, tape or glue | Column 1   | Column 2   | Column 3  | Column 4  | Column 5   | Column 6                |                       |
|--|--|--|---|---|--|-------------------------|-----------------------|
|  | Wages<br>(see instructions for qualifying wages) | Local/City Tax Withheld for Workplace Municipality | Local/City Tax Withheld for Resident Municipality | Workplace Municipality<br>(Name of city or village where you worked)  | Resident Municipality<br>(Name of city or village where you lived) | Dates Wages Were Earned |                       |
|  |  |  |   |   |  | From Date<br>MM/DD/YY   | Thru Date<br>MM/DD/YY |
|  |  |  |   |   |  |                         |                       |
|  |  |  |   |   |  |                         |                       |
|  |  |  |   |   |  |                         |                       |
|  |  |  |   |   |  |                         |                       |
|  |  |  |   |   |  |                         |                       |
| <b>Totals</b>  |  |  |   | Enter the total of Column 1 on Page 2, Line 1a; enter the total of Column 2 on Page 2, Line 4a; and enter the total of Column 3 on Page 2, Line 7a. |  |                         |                       |



To manually calculate your taxes please continue to page 2. Tax balances are due by April 15th, 2015. Submitting an incomplete form could subject you to penalty and interest if a tax balance is due. If you want RITA to calculate your taxes, please use the online eFile system at [www.ritaohio.com](http://www.ritaohio.com). It is easy to use, secure and will calculate your taxes immediately.

Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct, and accurately lists all amounts and sources of municipal taxable income I received during the tax year.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Preparer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature if a joint return

\_\_\_\_\_  
Date

\_\_\_\_\_  
Preparer's Address

\_\_\_\_\_  
ID Number

May RITA discuss this return with the preparer shown above?  Yes  No Preparer Phone #: \_\_\_\_\_

**Filing is mandatory for most residents: see "Filing Requirements" on page 1 of the Instructions for Form 37 exemptions.**

**Section B**

**Withheld taxes**  
shown on your W-2 forms are reported on either line 4a or 7a.

**Refunds:**  
To avoid delays in processing your refund, mail your return to the PO BOX address listed in lower right hand corner of this page.  
  
Refunds of tax withheld from your wages must be applied for on Form 10A.  
  
Download Form 10A at [www.ritaohio.com](http://www.ritaohio.com)

|             |  |            |  |           |
|-------------|--|------------|--|-----------|
| <b>1 a</b>  | Total W-2 wages from Page 1, Section A, Column 1   | <b>1a</b>  |  |           |
| <b>b</b>    | Total self-employment, rental, partnership, and (if applicable) S corporation income as well as any other taxable income from Page 3, Schedule J, Line 31. If less than zero, enter -0-        | <b>1b</b>  |  |           |
| <b>2</b>    | <b>Total taxable income.</b> Add lines 1a and 1b   | <b>2</b>   |  |           |
| <b>3</b>    | Multiply Line 2 by the tax rate of your resident municipality from the tax table. Enter the tax rate of your resident municipality here: _____   |            |  | <b>3</b>  |
| <b>4 a</b>  | Tax Withheld for all municipalities other than your municipality of residence from Page 1, Section A, Column 2. <b>Do not</b> enter estimated tax payments                                     | <b>4a</b>  |  |           |
| <b>b</b>    | Direct payment from Page 3, Schedule K, Line 35. <b>Do not:</b> enter tax withheld from your wages and or estimated tax payments on this line  | <b>4b</b>  |  |           |
| <b>5 a</b>  | Add lines 4a and 4b  | <b>5a</b>  |  |           |
| <b>b</b>    | Total tentative <b>credit</b> from Credit Rate Worksheet, Column E <b>located at the bottom of this page.</b> Your resident municipality's credit rate: _____                                  | <b>5b</b>  |  |           |
| <b>c</b>    | Enter the smaller of line 5a or line 5b  | <b>5c</b>  |  |           |
| <b>6</b>    | Multiply Line 5c by the <b>credit factor</b> of your resident municipality from the tax table. Your resident municipality's credit factor: _____   | <b>6</b>   |  |           |
| <b>7 a</b>  | Tax withheld for your resident municipality from Page 1, Section A, Column 3. <b>Do not</b> enter estimated tax payments. (see instructions)   | <b>7a</b>  |  |           |
| <b>b</b>    | Tax paid by your partnership/S corp to any RITA municipality   | <b>7b</b>  |  |           |
| <b>8</b>    | <b>Total credits allowable.</b> (Add lines 6, 7a, and 7b)  |            |  | <b>8</b>  |
| <b>9</b>    | Subtract Line 8 from Line 3  | <b>9</b>   |  |           |
| <b>10</b>   | Tax on non-withheld wages from Page 3, Schedule K, Line 32   | <b>10</b>  |  |           |
| <b>11</b>   | Tax on Schedule J Income from Page 3, Schedule K, Line 36  | <b>11</b>  |  |           |
| <b>12</b>   | <b>TAX DUE RITA AFTER WITHHOLDING.</b> Add lines 9, 10 and 11. If less than zero, enter -0- and file Form 10A (see instructions)   |            |  | <b>12</b> |
| <b>13</b>   | 2014 Estimated Tax Payments made to RITA by check, debit or credit card or ePayment. <b>Do not</b> enter tax withheld from your W-2s. <b>Only</b> include payments made for the 2014 tax year. | <b>13</b>  |  |           |
| <b>14</b>   | Credit carried forward from 2013   | <b>14</b>  |  |           |
| <b>15</b>   | <b>TOTAL CREDITS.</b> Add lines 13 and 14  |            |  | <b>15</b> |
| <b>16</b>   | <b>Balance Due.</b> If line 15 is less than line 12, subtract line 15 from line 12. Amounts less than \$1 will not be collected.   |            |  | <b>16</b> |
| <b>17</b>   | If line 15 is GREATER than 12, subtract line 12 from line 15 and enter <b>OVERPAYMENT</b>  |            |  | <b>17</b> |
| <b>18</b>   | Amount you want <b>credited to your 2015 estimated tax</b>   | <b>18</b>  |  |           |
| <b>19</b>   | Amount to be <b>refunded.</b> You may not split an overpayment between a refund and a credit. Allow 90 days for your refund.   | <b>19</b>  |  |           |
| <b>20 a</b> | Enter <b>2015 estimated tax</b> in full (see instructions). Estimates are due 4/15/15, 7/31/15, 10/31/15 and 1/31/16   | <b>20a</b> |  |           |
| <b>b</b>    | Enter full estimate or first quarter estimate (1/4 of line 20a)  | <b>20b</b> |  |           |
| <b>21</b>   | Subtract line 18 from line 20b   |            |  | <b>21</b> |
| <b>22</b>   | <b>TOTAL DUE</b> by April 15, 2015. Add Lines 16 and 21  |            |  | <b>22</b> |

**Estimated Taxes (Line 20a)**

You must estimate your taxes and make quarterly payments of the anticipated tax due as your income is earned. See the RITA Member list at [www.ritaohio.com](http://www.ritaohio.com) to obtain specific estimate requirements for each municipality. If your estimated taxes are not 90% of the tax due or not equal to or greater than your prior year's total tax liability, you may be subject to penalty and interest. You may use the amount on Line 12 as your 2015 estimate or use Worksheet 2 in the instruction booklet to calculate your estimate.

**Credit Rate Worksheet:** (applies to Section A wages and Schedule J, Line 29 income)

| <b>A</b><br>Wages/Income earned outside of resident municipality   | <b>B</b><br>Credit Rate for resident municipality from tax table | <b>C</b><br>Maximum credit (multiply column A by column B) | <b>D</b><br>Workplace tax withheld/paid | <b>E</b><br>Tentative Credit Enter lesser of columns C or D |
|--|--|--|---|---|
|  |  |  |   |   |
|  |  |  |   |   |
|  |  |  |   |   |
|  |  |  |   |   |
|  |  |  |   |   |
| <b>Total Tentative Credit:</b> Enter on Section B, Line 5b, above. |  |  |   |   |

Mail your return with W-2s and a copy of your federal schedules to:  
**With payment** made payable to RITA:  
**Regional Income Tax Agency**  
**PO Box 6600**  
**Cleveland OH 44101-2004**  
 Without payment:  
**Regional Income Tax Agency**  
**PO Box 94801**  
**Cleveland OH 44101-4801**  
**Refund** with an amount on line 19:  
**Regional Income Tax Agency**  
**PO Box 89409**  
**Cleveland OH 44101-6409**

A COPY OF ALL APPROPRIATE FEDERAL SCHEDULES IS REQUIRED FOR INCOME REPORTED ON SCHEDULE J.

| SCHEDULE J   |                        | SUMMARY OF NON W-2 INCOME (For columns 2-5 enter the Municipality where the income was earned) |                      |                      |   |                              |  |
|--|------------------------|--|----------------------|----------------------|---|------------------------------|--|
| Print the name of each municipality where a profit/ (loss) was earned in the appropriate box(es) | COLUMN 1               | COLUMN 2   | COLUMN 3             | COLUMN 4             | COLUMN 5  | COLUMN 6                     |  |
|  | RESIDENCE MUNICIPALITY | NONTAXING MUNICIPALITY   | RITA MUNICIPALITY OF | RITA MUNICIPALITY OF | TAXED BY A NON-RITA MUNICIPALITY  | ADD COLUMNS 1, 2, 3, 4 and 5 |  |
|  | 11                     | 12   | 13                   | 14                   | 15  |                              |  |
| 23. From Federal SCHEDULE C Attached   | 21                     | 22   | 23                   | 24                   | 25  |                              |  |
| 24. From Federal SCHEDULE E Attached*  | 31                     | 32   | 33                   | 34                   | 35  |                              |  |
| 25. All Other Taxable Income (or Loss). Attach Schedule(s)                                       | 41                     | 42   | 43                   | 44                   | 45  |                              |  |
| 26. TOTAL NON-WAGE INCOME (Add Lines 23, 24, 25)   |                        |  |                      |                      |   |                              |  |
| 27. LESS LOSS CARRY FORWARD IF ALLOWABLE   | 51 ( )                 | 52 ( )   | 53 ( )               | 54 ( )               | 55 ( )  |                              |  |
| 28. WORKPLACE INCOME (Line 26 minus Line 27)   | 61                     | 62   |                      |                      |   |                              |  |
| 29. WORKPLACE INCOME (Line 26 minus Line 27)   |                        |  | 63                   | 64                   | 65  |                              |  |
| 30. MUNICIPAL TAX DUE (NOTE: Line 30 cannot be less than zero.)                                  |                        |  |                      |                      | Column 6, Line 28 or Line 29 cannot be less than zero. If amount is less than zero, use zero. |                              |  |
| TOTAL of Column 6, place the total in Section B, Line 1b.  |                        |  |                      |                      |   | 31.                          |  |

NOTE: If any columns on Line 29 have entries complete Schedule K, Line 34.

\*S-Corporation Distributions - Special Rules Apply - See the RITA Member List at [www.ritaohio.com](http://www.ritaohio.com) for detailed municipality information.

**SCHEDULE K** To complete Schedule K, see page 6 of the instructions. If additional space is needed, use separate sheet.

32. W-2 WAGES EARNED IN A RITA MUNICIPALITY OTHER THAN YOUR RESIDENCE MUNICIPALITY FROM WHICH NO MUNICIPAL INCOME TAX WAS WITHHELD BY EMPLOYER. Complete Lines below.

| Wages | Municipality | Tax Rate (see instructions) | Tax Due |
|-------|--------------|-----------------------------|---------|
|       |              |                             |         |
|       |              |                             |         |

Enter total tax due onto Line 32 and in Section B, Line 10.

32. \_\_\_\_\_

33. W-2 WAGES EARNED IN A NON-RITA TAXING MUNICIPALITY AND FROM WHICH NO MUNICIPAL INCOME TAX WAS WITHHELD BY EMPLOYER. (ONLY USE THIS SECTION IF YOU HAVE FILED AND PAID THE TAX DUE TO YOUR WORKPLACE MUNICIPALITY. PROOF OF PAYMENT MAY BE REQUIRED) Complete Lines Below.

| Wages | Municipality | Tax Rate (see instructions) | Tax Due |
|-------|--------------|-----------------------------|---------|
|       |              |                             |         |
|       |              |                             |         |

Enter total tax due onto Line 33

33. \_\_\_\_\_

34. TAX DUE TO OTHER THAN RESIDENCE MUNICIPALITY ON NON W-2 INCOME REPORTED IN SCHEDULE J, LINE 29, COLUMNS 3, 4, AND 5. Complete Lines below.

| Workplace Income (Line 29, Columns 3, 4, & 5) | Municipality | Tax Rate (see instructions) | Tax Due |
|---|--------------|-----------------------------|---------|
|   |              |                             |         |
|   |              |                             |         |

Enter total tax due onto Line 34

34. \_\_\_\_\_

35. TOTAL LINES 32, 33 AND 34. Enter total on Line 35 and in Section B, Line 4b.

35. \_\_\_\_\_

36. FROM SCHEDULE J ABOVE, ADD LINE 30 COLUMNS 3 AND 4. Enter total on Line 36 and in Section B, Line 11.

36. \_\_\_\_\_