



10107 Brecksville Rd. • Brecksville, Ohio 44141-3275  
 1-800-860-7482 440/526-0900 Fax: 440/526-8813 TDD 440/526-5332  
 www.ritaohio.com

### Request for Allocation of Payments

Instructions on Page 2

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Primary Account	Social Security #
Secondary Account	Social Security #
Total amount of Estimated Tax payment & Tax Year that payments are to be transferred from	
*\$	Tax Year

### Application of Allocated Funds

Name	Social Security #	Amount to be applied	Apply to Tax Year
Date of Move			
Street Address (include Apt#/Suite)			
City, State & Zip Code			
Name	Social Security #	Amount to be applied	Apply to Tax Year
Date of Move			
Street Address (include Apt#/Suite)			
City, State & Zip Code			
Total \$			
*must equal above total			

\_\_\_\_\_  
 Signature of Primary Filer Date

\_\_\_\_\_  
 Phone #

\_\_\_\_\_  
 Signature of Secondary Filer Date

\_\_\_\_\_  
 Phone #

*Note: Form must be signed and dated by both parties to be valid*

## Allocation Form

**Joint estimated tax payments.** If two individual taxpayers have joint estimated tax payments and credits for the current tax year but are filing separate municipal tax returns, a “Request for Allocation of Payments Form” will allow you to divide the estimated tax payments and credits as agreed upon by each taxpayer.

Estimated payments and credits can be divided in proportion to each taxpayer’s municipal individual tax as shown on the separate returns for the respective tax year. Or you may attach a separate explanation of how the payments were divided between the taxpayers and attach to the Allocation Form.

Unless an Allocation Form is completed and signed by both taxpayers, all estimated payments and credits for that tax year will be allocated to the primary taxpayer, which is the first account number listed on the joint account.

## Form Instructions

### Request for Allocation of Payments

Enter the primary account number and social security number

Enter the secondary account number and social security number (if payments will be distributed from a joint account)

Enter the total amount of the estimated payments and credits from the primary account

Enter the tax year that you are re-allocating the payments and credits

### Application of Allocated Funds

Enter the name, social security number, the amount to be applied to this taxpayer and the year the payments\credits should be applied

If the taxpayer has moved, indicate the date they have moved

Enter the current mailing address

The new amount of estimated payments and credits allocated to each taxpayer must equal the total amount of estimated payments and credits in the joint account for the specific year.

Both parties must sign and date the form to be valid