

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	
CURRENT 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:

Residency Status in RITA Municipalities
 Full Year Part Year Non-Resident

RITA's eFile
 Easy, Fast, Free & Secure
www.ritaohio.com

Move History

Check here if you moved since January 1, 2015, and indicate your change of address. If you moved more than once, supply the additional move history on a separate sheet.

Date of Move:

	PRIOR Address (number and street)	City	State	Zip
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Section A

List all W-2 wages earned in 2015 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 Do not use staples, tape or glue	Column 1 Wages (see instructions for qualifying wages)	Column 2 Local/City Tax Withheld for Workplace Municipality	Column 3 Local/City Tax Withheld for Resident Municipality	Column 4 Workplace Municipality (Name of city or village where you worked)	Column 5 Resident Municipality (Name of city or village where you lived)	Column 6 Dates Wages Were Earned	
						From Date MM/DD/YY	Thru Date MM/DD/YY
Totals				For Full or Part Year Residents in RITA Municipalities - Enter Section A, Column 1 Total onto Page 2, Line 1a; enter Column 2 Total onto Page 2, Line 4a; and enter Column 3 Total onto Page 2, Line 7a. For Non-Residents required to file on workplace wages - Go to Page 3, Schedule K, Line 32 to calculate tax due.			



To manually calculate your taxes please continue to page 2. Tax balances are due by April 18th, 2016. 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. 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.

If your resident city/village has a **Credit Rate of 0%**; enter 0 on Line 5b through Line 6 and **go to Line 7a**. You do not need to complete the **Credit Rate Worksheet**.

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

1 a	Total W-2 wages from Page 1, Section A, Column 1	1a		
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-	1b		
2	Total taxable income. Add lines 1a and 1b	2		
3	Multiply Line 2 by the tax rate of your resident municipality from the tax table. Enter the tax rate of your resident municipality here: _____			3
4 a	Tax Withheld for all municipalities other than your municipality of residence from Page 1, Section A, Column 2. Do not enter estimated tax payments	4a		
b	Direct payment from Page 3, Schedule K, Line 35. Do not enter tax withheld from your wages and or estimated tax payments on this line	4b		
5 a	Add lines 4a and 4b	5a		
b	Total tentative credit from Credit Rate Worksheet, Column E located at the bottom of this page . Your resident municipality's credit rate: _____	5b		
c	Enter the smaller of line 5a or line 5b	5c		
6	Multiply Line 5c by the credit factor of your resident municipality from the tax table. Your resident municipality's credit factor: _____	6		
7 a	Tax withheld for your resident municipality from Page 1, Section A, Column 3. Do not enter estimated tax payments (see instructions)	7a		
b	Tax paid by your partnership/S corp to any RITA municipality	7b		
8	Total credits allowable. (Add lines 6, 7a, and 7b)			8
9	Subtract Line 8 from Line 3	9		
10	Tax on non-withheld wages from Page 3, Schedule K, Line 32	10		
11	Tax on Schedule J Income from Page 3, Schedule K, Line 36	11		
12	TAX DUE RITA AFTER WITHHOLDING. Add lines 9, 10 and 11. If less than zero, enter -0- and file Form 10A (see instructions)			12
13	2015 Estimated Tax Payments made to RITA by check, debit or credit card or ePayment. Do not enter tax withheld from your W-2s. Only include payments made for the 2015 tax year.	13		
14	Credit carried forward from 2014	14		
15	TOTAL CREDITS. Add lines 13 and 14			15
16	Balance Due. If line 15 is less than line 12, subtract line 15 from line 12. Amounts less than \$1 will not be collected.			16
17	If line 15 is GREATER than 12, subtract line 12 from line 15 and enter OVERPAYMENT			17
18	Amount you want credited to your 2016 estimated tax	18		
19	Amount to be refunded . You may not split an overpayment between a refund and a credit. Allow 90 days for your refund.	19		
20 a	Enter 2016 estimated tax in full (see instructions). Estimates are due 4/18/16, 6/15/16, 9/15/16 and 12/15/16	20a		
b	Enter full estimate or first quarter estimate (1/4 of line 20a)	20b		
21	Subtract line 18 from line 20b			21
22	TOTAL DUE by April 18, 2016. Add Lines 16 and 21			22

Estimated Taxes (Line 20a)

If your estimated tax liabilities are \$200 or more, you are required to make quarterly payments of the anticipated tax due. 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 estimate or use Worksheet 2 in the instructions to calculate your estimate.

Note: If Line 20A is left blank, RITA will calculate your estimate.

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

A Wages/Income earned outside of resident municipality	B Credit Rate for resident municipality from tax table	C Maximum credit (multiply column A by column B)	D Workplace tax withheld/paid	E Tentative Credit Enter lesser of columns C or D
Total Tentative Credit: 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

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 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. _____