## **37**

Totals

Regional Income Tax Agency

## RITA Individual Income Tax Return

Do not use staples, tape or glue

2015

Contact us toll free:

Cleveland

800.860.7482

Columbus

866.721.7482 866.750.7482

Youngstown 866.750.7482 TDD 440.526.5332

Your social	security number		Spouse's social	security number			e or Ma	rried Filing S	Separately 3
Your first n	ame and middle initial		Last name			Joint	2	1	
If a joint re	turn, spouse's first name	and middle initial	Last name					TENSION che	eck here and
ii a joiiii ie	шл, вроиве в півспате	and middle miliai	Last name				. ,	led return, che	ata bawa
CURRENT	home address (number	and street)	•		Apt#				
City, state,	and ZIP code				<u> </u>				<b>lunicipalities</b> ☐ Non-Residen
	none number		Evening phone r	number	-		Eas	RITA'S ( y, Fast, Free www.ritaohi	& Secure
	<b>listory</b> k here if you moved s history on a separate		15, and indicate y	your change of add	ress. If you	ı moved more tha	ın once	, supply the	additional
Date	of Move:	DDIOD Address /		Io:		·			
		PRIOR Address (num	nder and street)	City		State		Zip	
				l .					
moved int tax withher name of	-2 wages earned in a to or out of a RITA meld to your resident me the municipality in would and not work in a ci	unicipality during t nunicipality in Colu hich you or your	the year, your tax umn 3 only (even spouse physically	cable wages cannot if you worked in the y worked. This ma	t be less th he municip ny be differ	an Medicare wag ality where you li ent from the em	jes (Bo ved). li ployer's	x 5 of your ' n Column 4, s address sl	W-2), List all indicate the
SE .	Column 1  Wages (see instructions	Column 2 Local/City Tax Withheld for	Column 3 Local/City Tax Withheld for	Column 4  Workplace Munic (Name of city or v		Column 5 Resident Municip		Dates Wa	ımn 6 ages Were rned
Paperclip Local/City copy of W-2 Forms and Check or Money Order Here Do not use staples, tape or glue	for qualifying wages)	Workplace Municipality	Resident Municipality	where you work		Name of city or vil where you lived		From Date MM/DD/YY	Thru Date MM/DD/YY
f W:									
rclip Local/City copy of W-2 For and Check or Money Order Here Do not use staples, tape or glue									
ity α Mone									
k or l									
Chec of us	<u> </u>								
and (									
Раре				For Full or Part Ye	ar Residen	ts in RITA Munici	palities	- Enter Section	on A. Column
				1 Total onto Page 2 Column 3 Total or	2, Line 1a; e	nter Column 2 Tot	al onto l	Page 2, Line	4a; and enter

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

Preparer's Address

ID Number

May RITA discuss this return with the preparer shown above?

Yes 
No Preparer Phone #:

system at www.ritaohio.com. It is easy to use, secure and will calculate your taxes immediately.

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

workplace wages - Go to Page 3, Schedule K, Line 32 to calculate tax due.

## 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

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: 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 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 Enter the smaller of line 5a or line 5b 5c 6 Multiply Line 5c by the credit factor of your resident municipality from 6 the tax table. Your resident municipality's credit factor: Tax withheld for your resident municipality from Page 1, Section A, 7a Column 3. Do not enter estimated tax payments (see instructions) 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. 13 Only include payments made for the 2015 tax year. 14 14 Credit carried forward from 2014 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. 16 Amounts less than \$1 will not be collected. 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 19 between a refund and a credit. Allow 90 days for your refund. 20 a Enter 2016 estimated tax in full (see instructions). Estimates are 20a due 4/18/16, 6/15/16, 9/15/16 and 12/15/16 Enter full estimate or first quarter estimate (1/4 of line 20a) 20b

## Estimated Taxes (Line 20a)

21

22

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)

TOTAL DUE by April 18, 2016. Add Lines 16 and 21

Subtract line 18 from line 20b

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.	

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

Mail your return with W-2s and

21

22

SCHEDULE J				ME REPORTED O		Page 3
Print the name of each	COLUMN 1	COLUMN 2 NONTAXING MUNICIPALITY	(For columns 2-5 COLUMN 3 RITAMUNICIPALITY OF	COLUMN 4 RITA MUNICIPALITY OF	AIRTY Where the Inc COLUMN 5 TAXEDBYA NON-RITA MUNICIPALITY	COME was earned)  COLUMN 6  ADD COLUMNS 1, 2, 3, 4 and 5
appropriate box(es)	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. Alf 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 FORWARDIFALLOWABLE	51	52	53	54	55 )	1966 - 1966
28. WORKPLACE INCOME (Line 26 minus Line 27)	61	62				
29. WORKPLACE INCOME (Line 26 minus Line 27)			63	64	65	
80. MUNICIPAL TAX DUE (NOTE: Line 30 cannot be less than zero.)					Column 6, Line 28 or less than zero. If amo zero, use zero.	

	SCHEDULE K To com	plete Schedule K, see	e page 6 of the instructions. I	f additional space is ne	eded, use separate sheet.
32.			THAN YOUR RESIDENCE MUNI	CIPALITY FROM WHICH	
	NO MUNICIPAL INCOME TAX W	AS WITHHELD BY EMPL		· · · · · · · · · · · · · · · · · · ·	· -
	Wages	Municipality	Tax Rate (see instructions)	Tax Due	
	Enter total tax due onto Line 32 and i	n Section B, Line 10.	-		32
33.	WORKPLACE MUNICIPALITY. P	NLY USE THIS SECTION ROOF OF PAYMENT MA	IF YOU HAVE FILED AND PAID Y BE REQUIRED) Complete Line	THE TAX DUE TO YOUR	AS
	Wages	Municipality	Tax Rate (see instructions)	Tax Due	
					-
34.	Enter total tax due onto Line 33 TAX DUE TO OTHER THAN RES	IDENCE MUNICIPALITY	ON NON W-2 INCOME REPORT	ED IN SCHEDULE J, LINE 2	33
34.		IDENCE MUNICIPALITY e Lines below.	ON NON W-2 INCOME REPORT	ED IN SCHEDULE J, LINE 2	33
34.	TAX DUE TO OTHER THAN RES	IDENCE MUNICIPALITY e Lines below. Municipality	ON NON W-2 INCOME REPORT	ED IN SCHEDULE J, LINE 2 Tax Due	33
34.	TAX DUE TO OTHER THAN RES COLUMNS 3, 4, AND 5. Complete Workplace Income	e Lines below.	Tax Rate		33
34.	TAX DUE TO OTHER THAN RES COLUMNS 3, 4, AND 5. Complete Workplace Income	e Lines below.	Tax Rate		33
34.	TAX DUE TO OTHER THAN RES COLUMNS 3, 4, AND 5. Complete Workplace Income (Line 29, Columns 3, 4, & 5)	e Lines below.	Tax Rate		33
34.	TAX DUE TO OTHER THAN RES COLUMNS 3, 4, AND 5. Complete Workplace Income	e Lines below.	Tax Rate		33
34. 55.	TAX DUE TO OTHER THAN RES COLUMNS 3, 4, AND 5. Complete Workplace Income (Line 29, Columns 3, 4, & 5)	e Lines below.  Municipality	Tax Rate (see instructions)		29,