

FORM 17

REGIONAL INCOME TAX AGENCY Reconciliation of Return of Income Tax Withheld

For the year ending (mm/dd/yy):

Due on or before February 28th of the following year

Fed. ID #:

Name:

Address #: Suite:

Street Name:

City:

State: Zip: -

Period	Wages Subject to Workplace Tax	Workplace Tax Withheld	Residence Tax Withheld
January	\$ <input style="width: 30px; height: 20px;" type="text"/> , <input style="width: 30px; height: 20px;" type="text"/> , <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/>	\$ <input style="width: 30px; height: 20px;" type="text"/> , <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/>	\$ <input style="width: 30px; height: 20px;" type="text"/> , <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/>
February	\$ <input style="width: 30px; height: 20px;" type="text"/> , <input style="width: 30px; height: 20px;" type="text"/> , <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/>	\$ <input style="width: 30px; height: 20px;" type="text"/> , <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/>	\$ <input style="width: 30px; height: 20px;" type="text"/> , <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/>
March	\$ <input style="width: 30px; height: 20px;" type="text"/> , <input style="width: 30px; height: 20px;" type="text"/> , <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/>	\$ <input style="width: 30px; height: 20px;" type="text"/> , <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/>	\$ <input style="width: 30px; height: 20px;" type="text"/> , <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/>
April	\$ <input style="width: 30px; height: 20px;" type="text"/> , <input style="width: 30px; height: 20px;" type="text"/> , <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/>	\$ <input style="width: 30px; height: 20px;" type="text"/> , <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/>	\$ <input style="width: 30px; height: 20px;" type="text"/> , <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/>
May	\$ <input style="width: 30px; height: 20px;" type="text"/> , <input style="width: 30px; height: 20px;" type="text"/> , <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/>	\$ <input style="width: 30px; height: 20px;" type="text"/> , <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/>	\$ <input style="width: 30px; height: 20px;" type="text"/> , <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/>
June	\$ <input style="width: 30px; height: 20px;" type="text"/> , <input style="width: 30px; height: 20px;" type="text"/> , <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/>	\$ <input style="width: 30px; height: 20px;" type="text"/> , <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/>	\$ <input style="width: 30px; height: 20px;" type="text"/> , <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/>
July	\$ <input style="width: 30px; height: 20px;" type="text"/> , <input style="width: 30px; height: 20px;" type="text"/> , <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/>	\$ <input style="width: 30px; height: 20px;" type="text"/> , <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/>	\$ <input style="width: 30px; height: 20px;" type="text"/> , <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/>
August	\$ <input style="width: 30px; height: 20px;" type="text"/> , <input style="width: 30px; height: 20px;" type="text"/> , <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/>	\$ <input style="width: 30px; height: 20px;" type="text"/> , <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/>	\$ <input style="width: 30px; height: 20px;" type="text"/> , <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/>
September	\$ <input style="width: 30px; height: 20px;" type="text"/> , <input style="width: 30px; height: 20px;" type="text"/> , <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/>	\$ <input style="width: 30px; height: 20px;" type="text"/> , <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/>	\$ <input style="width: 30px; height: 20px;" type="text"/> , <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/>
October	\$ <input style="width: 30px; height: 20px;" type="text"/> , <input style="width: 30px; height: 20px;" type="text"/> , <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/>	\$ <input style="width: 30px; height: 20px;" type="text"/> , <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/>	\$ <input style="width: 30px; height: 20px;" type="text"/> , <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/>
November	\$ <input style="width: 30px; height: 20px;" type="text"/> , <input style="width: 30px; height: 20px;" type="text"/> , <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/>	\$ <input style="width: 30px; height: 20px;" type="text"/> , <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/>	\$ <input style="width: 30px; height: 20px;" type="text"/> , <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/>
December	\$ <input style="width: 30px; height: 20px;" type="text"/> , <input style="width: 30px; height: 20px;" type="text"/> , <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/>	\$ <input style="width: 30px; height: 20px;" type="text"/> , <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/>	\$ <input style="width: 30px; height: 20px;" type="text"/> , <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/>
Total	\$ <input style="width: 30px; height: 20px;" type="text"/> , <input style="width: 30px; height: 20px;" type="text"/> , <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/>	\$ <input style="width: 30px; height: 20px;" type="text"/> , <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/>	\$ <input style="width: 30px; height: 20px;" type="text"/> , <input style="width: 30px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/>

Total must be distributed by city on back of this form.

Please Distribute Total Amount by City (if additional space is needed, attach a separate schedule):



Municipality

[Municipality Name Input Boxes]

Workplace Wages

Workplace Tax

Residence Tax

\$ [] [] , [] [] [] [] . [] []

\$ [] [] , [] [] [] [] . [] []

\$ [] [] , [] [] [] [] . [] []

Municipality

[Municipality Name Input Boxes]

Workplace Wages

Workplace Tax

Residence Tax

\$ [] [] , [] [] [] [] . [] []

\$ [] [] , [] [] [] [] . [] []

\$ [] [] , [] [] [] [] . [] []

Municipality

[Municipality Name Input Boxes]

Workplace Wages

Workplace Tax

Residence Tax

\$ [] [] , [] [] [] [] . [] []

\$ [] [] , [] [] [] [] . [] []

\$ [] [] , [] [] [] [] . [] []

Municipality

[Municipality Name Input Boxes]

Workplace Wages

Workplace Tax

Residence Tax

\$ [] [] , [] [] [] [] . [] []

\$ [] [] , [] [] [] [] . [] []

\$ [] [] , [] [] [] [] . [] []

Municipality

[Municipality Name Input Boxes]

Workplace Wages

Workplace Tax

Residence Tax

\$ [] [] , [] [] [] [] . [] []

\$ [] [] , [] [] [] [] . [] []

\$ [] [] , [] [] [] [] . [] []

Municipality

[Municipality Name Input Boxes]

Workplace Wages

Workplace Tax

Residence Tax

\$ [] [] , [] [] [] [] . [] []

\$ [] [] , [] [] [] [] . [] []

\$ [] [] , [] [] [] [] . [] []

TOTAL: Must equal totals from front side of form.

Workplace Wages

Workplace Tax

Residence Tax

\$ [] [] , [] [] [] [] . [] []

\$ [] [] , [] [] [] [] . [] []

\$ [] [] , [] [] [] [] . [] []

I have examined this return, and to the best of my knowledge it is correct.

Signature

Title

Date

Phone: [] [] [] - [] [] [] - [] [] [] []



Remit to: REGIONAL INCOME TAX AGENCY – PO BOX 477900 BROADVIEW HTS. OHIO 44147-7900

FORM 17 – RECONCILIATION OF RETURNS

A reconciliation of Returns is required to be filed on or before February 28th following the calendar year (Form 17), in which employee withholding deductions have been made by an employer. For assistance call (440) 526-0900 – Cleveland local; (614) 538-0512 – Columbus local; or 1-800-860-RITA – Toll free within Ohio. For TDD assistance call (440) 526-5332. On the web at www.ritaohio.com

1. Print the company's federal employer identification number, name and address in the proper area. If this information is preprinted, check for accuracy. Draw a line through any incorrect information and print the correct information above it.
2. List the amount of wages paid subject to the workplace tax and the amount of workplace tax withheld for each period a Form 11 was submitted.
3. List the amount of residence tax withheld for each period a Form 11 was submitted.
4. Total the workplace wages paid, workplace tax and residence tax withheld. These amounts must be distributed on the back side of Form 17.
5. Distribute totals to each city where the wages were earned and the workplace or residence tax was withheld.
6. Total all distributions. **THE TOTAL OF ALL TAXABLE WAGES PAID AND WORKPLACE AND RESIDENCE TAX WITHHELD MUST EQUAL THE TOTAL TAXABLE WAGES PAID AND TOTAL WORKPLACE AND RESIDENCE TAX WITHHELD SHOWN ON THE FRONT SIDE OF THE FORM 17.**
7. Sign and date the form. Please provide a phone number where you can be reached if any questions arise.

DO NOT REMIT PAYMENT WITH THIS FORM. IF YOU ARE ADJUSTING A PERIOD(S) YOU MUST FILE A FORM 11A – AMENDED EMPLOYERS MUNICIPAL TAX WITHHOLDING STATEMENT. SEE FORM 11A FOR INSTRUCTIONS.