Form **37** Regional Income Tax Agency
RITA Individual Income Tax Return **2013**

Contact us toll free:

Cleveland	800.860.7482
Columbus	866.721.7482
Youngstown	866.750.7482
TDD	440.526.5332

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

Move Information

☐ Check here if you moved since January 1, 2013, 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 2013 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** (Greater of Box 1, 5 or 18 from W-2)	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			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.			

Caution

To manually calculate your taxes please continue to page 2. Tax balances are due by April 15th, 2014. 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

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		2013 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 2013 tax year.	13		
14		Credit carried forward from 2012	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 2014 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 **2014 estimated tax** in full (see instructions). Estimates are due 4/15/14, 7/31/14, 10/31/14 and 1/31/15 ▶	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 15, 2014. Add Lines 16 and 21			22

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

Estimated Taxes (Line 20a)

If you anticipate owing $10 or more in income tax in 2014, 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 for detailed municipality information regarding exceptions to the $10 rule. 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 2014 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)

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

A COPY OF ALL APPROPRIATE FEDERAL SCHEDULES ARE REQUIRED IF COMPLETING 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 RESIDENCE MUNICIPALITY	COLUMN 2 NONTAXING MUNICIPALITY	COLUMN 3 RITA MUNICIPALITY OF	COLUMN 4 RITA MUNICIPALITY OF	COLUMN 5 TAXED BY A NON-RITA MUNICIPALITY	COLUMN 6 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. _____