Regional Income Tax Agency
RITA Individual Income Tax Return
For use by taxpayers who DID NOT MOVE, have ONLY 2013

Contact us toll free: Cleveland 800.860.7482 Columbus 866.721.7482 Youngstown 866.750.7482

	W-2 INCOM	IE, and live in	FULL CREDIT	municipalitie	es —	<i>,</i> 10		TDD)	440.526.5332
Your soci	al security number		Spouse's socia	I security numb	oer			Status: ngle or Marr	ied Fi	iling Separately 3
Your first	name and middle initial		Last name				☐ Joi If you I		1 ENSIC	ON check here and
If a joint r	eturn, spouse's first name and	d middle initial	Last name					a copy: s an amende		ENSION rn, check here:
Current h	ome address (number and str	reet)				Apt #				ng, check this
City, state	e, and ZIP code							RITA	's	eFile
Daytime p	phone number		Municipality yo	u lived in for th	e tax year		Ea			e & Secure nio.com
	On A n A, put the actual name o lity, enter "None" in Colum						e physic	ally worked	. If yo	ou did not work in a
-2 Forms r Here ip			Column B Wages er of Box 1, 5 or 3 from W-2)	Column C Tax Rate of resident municipality	Column D Tax Due Before Withholding Multiply Column B times Column C		Column E Local/City Tax Withheld By Employer			Column F Allowable Credit for Tax Withheld Lesser of olumn D or Column E
ty copy of W- Woney Order se a papercli					00					Julii B of Goldmir E
Attach Local/City copy of W-2 Forms and Check or Money Order Here Please use a paperclip										
	To	tals				umn B on Line on Line 3 bel		v, and enter		
STOP	If you have income other tare due by April 15th, 2014 calculate your taxes please To manually calculate your	4. Submitting a e use the on-li	n incomplete for ne eFile system a	orm, such as i m could subje	income fro	m Schedule C, penalty and into	E or F, yo	tax balance	is due	e. If you want RITA to
Section	ON B al W-2 wages from Se	ection A. Col	umn B						1	
2 Tax	due before withholdi	i na. Multiply	Line 1 by you	ır resident n	nunicipal	itv tax rate fr	om the	tax	•	
tab	le. Enter the tax rate of	your reside	nt municipality	here:	_% '				2	
	al credit allowable for								3	
	t due after withholding m 10A to claim your ref	_	line 3 from Lii	ne 2. If less	tnan zer	o, enter -u- a	ına tile		4	
	3 estimated tax payme		RITA by ched	ck. credit/de	ebit card.	or ePaymen	t		5	
	dit carried forward from			,	,				6	
7 Tota	al estimated tax payme	nts and cred	dit carryovers	(add lines 5	5 & 6)				7	
	ance due. If Line 7 is					orodit oubtro	ot Lino	4 from	8	
	ount to be Credited. If e 7. You may not split a						Ct Line	4 110111	9	
10 Am	ount to be Refunded. It e 7. You may not split a	If Line 7 is g	reater than Li	ne 4 and yo	ou want a	refund, sub	ract Lir	ne 4 from	10	
	er 2014 estimated tax i					u.		•	11	
	er full estimate from Lir					ess credit, if	any, fro		12	
	TAL DUE by April 15, 2							•	13	
	alties of perjury, I declare that ct, and accurately lists all amo							Mail with W2s Regional II PO Box 94 Cleveland, Mail with W2s Regional II	652 OH 44 and <u>wi</u>	
Your Signa	ature	Date	Prepare	r's Signature		Date		PO Box 94 Cleveland, Refund with a Regional li	653 OH 44 In amo ncome	• •
Spouse's S	Signature if a joint return	Date	Preparei	r's Address		Id Numbe	er	PO Box 89 Cleveland,	409	• •

Form 37B (2013)						Page 2				
Name of taxpayer(s) shown on page 1			Your social security number	Spouse	e's SSN if filing joint exemption	Year					
Declar	ation of Exemption										
I am not r	eporting municipal (city or village	e) taxable incom	ne because:								
□ 1.	I had no municipal taxable income or 1040EZ. If you did not file a fed check here: □										
□ 2.	I was a member of the armed forces of the United States and had no income for the year indicated above other than military pay, military allowances, interest income, and/or dividend income.										
□ 3.	I was under 18 years of age for th municipality as indicated on page detailed municipality information re	1 or see the RIT	A Member list at www.r	itaohio.com fo		Day	Year				
□ 4.	I am a retired individual and receivable dividend income for the year indice Form 1040, 1040A or 1040EZ. If 1099-R or statement of Social Sec	ated above. Atta you did not file a	ach a copy of page 1 of	your federal	Retirement Date Mo	Day	Year				
□ 5.	Prior to the first day of the year ind no rental or self-employment income Current Home Address (number and street	earned in a RITA				Day	Year				
	Prior Home Address (number and street)	City	State	Zip							
□ 6.	The taxpayer indicated above is d	eceased. Indica	te the date of death to	the right.	Date of Death Mo	Day	Year				
□ 7.	I am not exempt from tax. However, I filed and reported my taxable income to RITA on a joint return filed with my spouse.										
	Spouse's name		Spouse's social secu	irity number							
□ 8.	I meet the requirements of the Military Spouse Residency Relief Act for the year indicated above. Attach copies of Form DD 2058, your valid military spouse ID card, and your spouse's most recent LES.										
	Address of legal domicile (number and stre	et) City	State	Zip							
	's Signature alties of perjury, I declare that I have ex- te.	amined this Decla	ration of Exemption, and	to the best of m	ny knowledge and belief, it	is true,	correct				
Your signat	ure Date		Spouse's signa	Spouse's signature if joint exemption Da							

Special Individual Notes

Each municipality has specific instructions or requirements for filing returns, reporting income and/or making estimated payments. Go to www.ritaohio.com for detailed information; click on the Municipalities link (top banner) and then click on RITA Member List link. Next, select the applicable municipality and click on the Individual Notes.