Your Signature

Spouse's Signature if a joint return

Regional Income Tax Agency RITA Individual Income Tax Return

RITA's eFile Easy, Fast, Free & Secure

Contact us toll free: Cleveland Columbus Youngstown

800.860.7482 866.721.7482 866.750.7482 .5332

JI	1	staples, tape or g		2010	www	v.ritaonio.com	TDD	440.526.5332	
Your social s	security number		Spouse's so	ocial security number		Filing Stat	t us: or Married Filir	ng Separately	
Your first name and middle initial		Last name			☐ Joint	- Doint			
a joint retu	a joint return, spouse's first name and middle initial Last r						If you have an EXTENSION check here and attach a copy: EXTENSION		
URRENT I	MAILING address (number and street)			Apt #	In the space	e provided below	n, check here: , state why you are filing n explanation if you requ	
City, state, a	and ZIP code					additional sp	pace.		
aytime pho	one number		Evening ph	one number				Municipalities: Year Non-Reside	
e boxes ng 2016, l city/village	below, indicate the list the effective co e/township in whi	late, city/village/to ch you live. This	on of your reside wnship and addr required informa	ess in the appropria	te boxes. Why? I appropriate taxin	ifferent from your m Mailing address doe g jurisdiction for mu	es not always c	orrespond to	
ective Da	ate City/Villa	age/Township	Ado	dress					
1/1/201	16								
name of city	the municipality or village enter " Column 1	in which you phy None" in Column Column 2	sically worked. 1 4. DO NOT ENT Column 3	This may be differe ER SCHOOL DISTI	nt from the emplo RICT TAX IN COL Column 5	ÚMNS 2 or 3.	shown on the W-2. If you did r		
	W-2/W-2 G Income	Local/City Tax Withheld for	Local/City Tax Withheld for	Workplace/ Winning	Resident Municipality	Dates Wag Were Earr	-	Date of winnings	
rder Here e or glue	(see instructions for qualifying wages)	Workplace/ Winning Municipality	Resident Municipality	Municipality (City or village where you worked)	(City or village where you lived)	From Date MM/DD/YY	Thru Date MM/DD/YY	Date Won MM/DD/YY	
and Check or Money Order Here Do not use staples, tape or glue									
= 77									
and C Do no									
and Check o				For Full or Part	Year Resident	s in RITA Munici	inalities - Fn	ter Section A	
				Column 1 Total ont	to Page 2, Line 1a	; enter Column 2 To	otal onto Page	2, Line 4a; and	
otals				w orkplace w ages	- Go to Page 3, S	Line 7a. For Non-R Schedule K, Line 33	to calculate ta	ax due.	
	due. If you wan	t RITA to calculate	e your taxes, ple	•	•	t you to penalty an www.ritaohio.com.			
der penalti	ies of perjury, I d		examined this re	eturn, and to the be ived during the tax y		ge and belief, it is to	rue, correct, ar	nd accurately	

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.

Preparer's Name (Please Print)

Preparer's Signature

Date

ID Number

Date

Date

Form 37 (2016) Page **2**

Section B

For NON W-2/ Schedule income see Pages 3-4 before starting 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 the 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

В						
1	а	Total W-2/W-2G income from Page 1, Section A, Column 1.	1a			
	b	Total self-employment, rental, partnership, and (if applicable)				
		S-Corp. income as well as any other taxable income from Page				
_		3, Schedule J, Line 28, Column 7. 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	1		3	
4	a	from Page 1, Section A, Column 2. Do not enter estimated tax payments.	4a			
	b	Direct payments from Page 3, Schedule K, Line 36. Do not enter tax				
		withheld from your wages and/or estimated tax payments on this line.	4b			
5		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		_	
	С	Enter the smaller of Line 5a or Line 5b.	5c			
6		Multiply Line 5c by the credit factor of your resident municipality from	6			
7	2	the tax table. Your resident municipality's credit factor: Tax withheld for your resident municipality from Page 1, Section A,	6			
,	а	Column 3. Do not enter estimated tax payments (see instructions).	7a			
	b	Tax paid by your partnership/S-Corp. to any RITA municipality(see instructions)	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 33.	10			
11		Tax on Schedule J Income from Page 3, Line 32, Column 7.	11			
12		TAX DUE RITA AFTER WITHHOLDING. Add Lines 9, 10 and 11. If	less t	han zero, enter		
		-0- and file Form 10A (see instructions).		<u> </u>	12	
13		2016 Estimated Tax Payments made to RITA. Do not enter tax				
		withheld from your W-2s. Only include payments made for the 2016	13			
14		tax year. Credit carried forward from 2015.	14		-	
15		TOTAL CREDITS. Add Lines 13 and 14.	14		4.5	
16		Balance Due. If Line 15 is less than Line 12, subtract Line 15 from Lin			15	
10		12. If the amount is \$10 or less, enter -0	ie	•	16	
17		If Line 15 is GREATER than 12, subtract Line 12 from Line 15 and enter	er OV	ERPAYMENT.	17	
18		Amount you want credited to your 2017 estimated tax.	18			
19		Amount to be refunded . You may not split an overpayment				
		between a refund and a credit. Amounts \$10 or less will not be	19			
		refunded. Allow 90 days for your refund.				
20	а	Enter 2017 estimated tax in full (see instructions). Estimates are due 4/18/17, 6/15/17, 9/15/17 and 12/15/17.	20a			
	b	Enter first quarter estimate (1/4 of Line 20a).	20b			
21		Subtract Line 18 from Line 20b.		ı	21	
22		TOTAL DUE by April 18, 2017. Add Lines 16 and 21.			22	

Estimated Taxes (Line 20a): If your estimated tax liability is \$200 or more, you are required to make quarterly payments of the anticipated tax due. If your estimated tax payments 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:

Α	В	С	D	E			
Wages/Income	Credit Rate	Maximum credit	Workplace tax	Tentative Credit			
earned outside of	for resident municipality	(multiply Column	withheld/paid	Enter lesser of			
resident municipality	from tax table	A by Column B)		Columns C or D			
Enter amount fro							
Total Tentative (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	-1	ION W-2 INCOME -6, Enter City/Village	/Township Where	Earned)		ules may apply for S-Co palities at <u>www.ritaohio.c</u>	
Print the name of each location (city/village/township) where income/loss was earned in the	COLUMN 1 RESIDENT MUNICIPALITY	COLUMN 2 LOCATION 2	COLUM N 3 LOCATION 3	COLUMN 4 LOCATION 4	COLUMN 5 LOCATION 5	COLUMN 6 LOCATION 6	COLUMN 7 TOTAL
appropriate boxes. Please see Pages 5-6 of the Instructions.	11	12	13	14	15	16	
From Federal	21	22	23	24	25	26	
23. SCHEDULE C Attached							
Rental Income/Loss	31	32	33	34	35	36	
24. From SCHEDULE E Attached							
Partnership/S-Corp/Trust Income/Loss	41	42	43	44	45	46	
25. From SCHEDULE E Attached							
All Other Taxable Income/Loss	51	52	53	54	55	56	
26. Attach Schedule(s)							FOR LINE 28 BELOW:
27. RESIDENT MUNICIPALITY LOSS	71)					ADD COLUM NS 1-6, ENTER ON PAGE 2, SECTION B, LINE 1b.
CURRENT YEAR WORKPLACE INCOME	61	62	63	64	65	66	
28. (Total Lines 23-27)							
Calculate tax due on workplace	income:	72	73	74	75	76	
29. LESS LOSS CARRY FORWARD		() () () ()		
NET TAXABLE WORKPLACE INCOME 30. (Line 28 minus Line 29)		82	83	84	85	86	
FOR EACH RITA MUNICIPALITY LISTED IN COLUMNS 2-6 - ENTER THE TAX RATES. Note: If Line 30 is less than zero, do NOT 31 enter tax rate.							FOR LINE 32 BELOW: ADD COLUMNS 2-6, ENTER ON PAGE 2, SECTION B, LINE 11.
MUNICIPAL TAX DUE to EACH RITA MUNICIPALITY Note: If amounts in Columns 2-6 are \$10 or less, enter -0 Do NOT include NON- 32. RITA Municipalities.							

Note: If you are a resident of a RITA municipality – **please go to Page 4** for **WORKSHEET L** to allocate income/loss and calculate potential credit for your resident municipality.

SCHEDULE K	To complete Schedule K, see page 6 of the instructions, If additional space is needed, use a separate sheet,

33. W-2 WAGES EARNED IN A RITA MUNICIPALITY OTHER THAN YOUR RESIDENCE MUNICIPALITY AND FROM WHICH NO MUNICIPAL INCOME TAX WAS WITHHELD BY EMPLOYER. Complete lines below.

Wages	Municipality	Tax Rate (see instructions)	Tax Due
	, , ,	,	

Add Tax Due Column, enter total here AND on Page 2, Section B, Line 10. 33. _____

34. 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
3.300	37, 5,,		

Add Tax Due Column, enter total here.	34.
---------------------------------------	-----

ENTER the amount from WORKSHEET L, Row 9, Column 7. 35. _____

Add Lines 33-35. Enter total on Page 2, Section B, Line 4b. 36. _____

Form 37 (2016)							Page 4
WORKSHEET L INCOME/LOSS ALLOCATION	RITA RESIDENTS	S ONLY Use this to	allocate income/lo	ss and calculate p	ootential credit for	resident municipal	ity.
Print the name of each location (city/village/township) listed from SCHEDULE J, COLUMNS 1-6 Please see Pages 5-6 of the	COLUMN 1 RESIDENT MUNICIPALITY	COLUMN 2 LOCATION 2	COLUMN 3 LOCATION 3	COLUMN 4 LOCATION 4	COLUMN 5 LOCATION 5	COLUMN 6 LOCATION 6	COLUMN 7 TOTALS
Instructions. Enter CURRENT YEAR WORKPLACE INCOME From							
SCHEDULE J, Line 28 Columns 1-6: If CURRENT YEAR WORKPLACE INCOME is a gain, enter in each column and total across.							
Columns 1-6: If CURRENT YEAR WORKPLACE INCOME is a loss, enter in each column and total across.							
Compute GAIN Percentage: Divide each amount in Row 1, 3. Columns 1-6 by the total in Row 1, Column 7 and enter the percentage.	%	%	%	%	%	%	
4. Allocate Total Loss by GAIN Percentage: Multiply the total loss from Row 2, Column 7 by the percentage(s) in Row 3.							
5. Subtract Row 4 from Row 1.							
Enter NET TAXABLE WORKPLACE 6. INCOME from SCHEDULE J, Line 30.							
Enter the lesser of Row 5 or Row 6 7. above. If amount is less than zero, enter - 0							
8. For Columns 2-6, enter tax rate for workplace municipality listed.	Rows 8-9: Calculate the tax due on						Enter amount from Row 9, Col 7 below on Page 3, Schedule K, Line 35
Multiply Row 6 by Row 8. If the result is \$10 or less, enter - 0 - on 9. Row 9. If greater than \$10 - multiply Row 7 by Row 8 and enter the result on Row 9.	Non-W2 workplace income						
10. If amount in Row 9 is greater than zero, enter the amount from Row 7.	Rows 10- 11: Get credit for the tax						
Multiply Row 10 by the Credit Rate of the resident municipality. The resident municipality's credit rate:	paid in Row9, Column 7						Enter amount from Row 12, Col 7 below on Page 2, Credit Rate Worksheet
12. Enter the lesser of Row 9 or Row 11 above.							