

Form **10A**

Regional Income Tax Agency
Application for Municipal Income Tax Refund
PO Box 95422
Cleveland, OH 44101-0033



800.860.7482
TDD 440.526.5332
ritaohio.com

Your social security number		Tax year of claim 2021	
Your first name and middle initial		Last name	
Current home address (number and street)		Apt #	
City, state, and ZIP code			

To **avoid delays** in your refund request, please review the instruction page for guidelines and claim specifics. Frequently asked questions regarding Refunds can be found on RITAOhio.com under FAQs/Individual FAQ/Refunds.

Contact phone number: _____

☐ Check here if you worked outside of your normal workplace for any time in 2021 in response to COVID-19. See Checkbox No. 2 below.

Reason for Claim

Check the Box below that applies.

- A separate 10a is required if you have multiple W-2 forms, or for each municipality from which a refund is requested.
- No refunds will be issued without the proper documentation indicated by reason for claim.

(MM/DD/YYYY)

- ☐ **Age Exemption.** Date of Birth _____ Attach a copy of your W-2 form and proof of birthdate (birth certificate, driver's license, etc.). If you were under age for only part of the year, you must either: (1) have your employer sign the completed Employer Certification on page 2; or (2) attach a copy of your pay stub for the pay period in which your birthday fell. Exceptions to the 18 years of age or older exemption exist. For age exemption qualifications, visit ritaohio.com, select the RITA municipality in which you worked and review the Special Notes section that relates to the appropriate tax year.
- ☐ **Days Worked From Home. Days worked outside of municipality for which the employer withheld tax, and instead you worked from home (remote).** Attach a copy of your W-2 Form, a completed Log of Days Out Worksheet on page 3, and a completed Calculation for Days Worked Out of RITA on page 3. Your employer must sign the Employer Certification on page 2. If any of the days worked from home were in response to the COVID-19 pandemic, please check the box at the top right of this page.
- ☐ **Other Days Worked Outside of municipality** for which the employer withheld tax (other than days worked at home). Attach a copy of your W-2 Form, a completed Log of Days Out Worksheet on page 3, and a completed Calculation for Days Worked Out of the municipality were in response to the COVID-19 pandemic, please check the box at the top right of this page.
- ☐ **Employer withheld at a rate higher than the employment municipality's tax rate.** Attach a copy of your W-2 Form and a completed Calculation of Overpayment on page 2. Your employer must sign the Employer Certification on page 2. **Do Not Use for COVID-19.**
- ☐ **Employer withheld too much (over-withheld) residence municipality tax.** Attach a copy of your W-2 Form. Your employer must sign the Employer Certification on page 2.
- ☐ **Withheld by mistake** for the municipality of _____ when I actually worked in the municipality of _____. Attach a copy of your W-2 Form. Your employer must sign the Employer Certification on page 2. Indicate the address where you actually worked in the box below. **Do Not Use for COVID-19.**

Work Location Street Address	City	State	Zip
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- ☐ **Over-the-road truck driver.** The wages of an interstate truck driver regularly assigned to drive in more than one state are only taxable by the driver's municipality of residence. Intrastate truck drivers may be eligible to receive up to a 90% refund from their principal place of work. (A logging of your work locations, to support a refund of the tax withheld from your principal place of work is required). Attach a copy of your W-2. In addition, your employer must sign the Employer Certification (pg. 2).
- ☐ **Military Spouse Residency Relief Act.** Attach copies of W-2 Form, Form DD 2058, valid military spouse ID card and service member's most recent LES. Only the completion of the Claim Summary below is required.
- ☐ **Other (Indicate Reason).** Attach W-2 Form and other applicable documentation, and a completed Calculation of Overpayment on page 2. Your employer must sign the Employer Certification on page 2. **Do Not Use for COVID-19.**
- ☐ **Refund of overpayment on account** if you have already filed Form 37 or you are not required to file. Employer certification is not required.

Claim Summary – Submit one claim per form. Please complete a separate 10A if multiple employers/municipalities exist.

1 Employer Federal ID #		Employer Name	
2 RITA Municipality for which tax was withheld (from W-2, Box 20). RITA cannot refund tax withheld to a Non-RITA municipality		2	
3 Amount of income not taxable. Enter -0- for reasons 4 and 5. For all other reasons enter the amount of wages you are claiming are not taxable			3
4 Amount of over withholding claimed (Box A-9 on page 2 or Line 10 on page 3)			4
5 Amount of over withholding you want applied as a payment to your individual or joint account instead of being refunded to you. Enter -0- if you want all of your refund sent to you			5
Provide the social security number of the account to which you want the amount on line 5 to be credited			SSN of account to be credited
6 Net amount to be refunded. Subtract line 5 from line 4. Amounts \$10 or less will not be refunded.			6

Name of employee shown on page 1	Employee's SSN	Tax Year of Claim 2021
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Calculation of Overpayment – Complete for Refund Claim Reasons 4 or 9

A. Refund/Credit Calculation

A 1 Total Wages from employee's W-2 Form		A-1	
2	Enter name of municipality for which tax was withheld	A-2	
3	Amount of municipal tax withheld to the municipality indicated on line A-2		A-3
4	List the complete address of the municipality where the employee physically performed the work or services. If the employee did not work within the limits of a municipality, skip lines A-5, A-6 and A-7, and enter -0- on line A-8	A-4	
	Work location street address		
	City, State, Zip Code		
5	Enter the amount of municipal taxable wages earned in the municipality indicated on line A-4	A-5	
6	Enter the tax rate of the municipality indicated on line A-4	A-6	
7	Tax due to municipality where employee physically worked. Multiply line A-5 by the tax rate on line A-6	A-7	
8	If the municipality indicated on line A-4 is a RITA municipality, enter the amount from line A-7; otherwise enter -0-		A-8
9	Amount of over-withheld tax to be refunded or credited. Subtract line A-8 from line A-3. Amounts \$10 or less will not be refunded or credited. Enter total on Page 1, line 4.		A-9

B. Employee's Home Address

The employee's home address for the period covered by this claim was:

Employee's Home Street Address	City	State	Zip
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C. Employee's Employment Dates

If the employee is still employed, enter "n/a" as the date of separation.

Date of Hire	Date of Separation
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Employer Certification

Employer Representative's Explanation of Reason for Refund and Signature

The undersigned employer representative states that during the year referenced above the employer withheld municipal income tax from the above named employee in excess of the employee's liability; that the above referenced employee was employed during the period referenced above; that the employer has examined this claim for refund in its entirety including any accompanying schedules and statements; and that the employer representative can attest that the information reported on this claim with respect to time worked in the municipality withheld is true and accurate.

In addition, the undersigned employer representative verifies that no portion of the over-withheld tax has been or will be refunded directly to the employee by the employer, and that no adjustments to the employer's withholding account related to this claim have been or will be made.

Representative's Signature	Representative's Title	Date	Representative's Phone Number
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Print Representative's Name	Print Representative's Title	Explanation of Reason for Refund (example—"taxpayer works from home 4 days")
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Taxpayer's Signature

Under penalties of perjury, I declare that I have examined this claim, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this information may be released to the tax administrator of the resident or workplace municipality and the Internal Revenue Service. I further understand that if this refund changes my RITA residence tax, an amended return must be filed before the refund will be issued. I also understand that if I have an unpaid balance due, this refund will be applied to that balance due.

Taxpayer's Signature	Date	Taxpayer's Daytime Phone	Taxpayer's Evening Phone
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To avoid delays:

- Mail this form along with the required documents indicated under your "Reason for Claim" on page 1 to the address shown at right; and
- If filing Form 37, attach the 10A to the completed return and mail them together.

Mail with required documentation to:

Regional Income Tax Agency
PO Box 95422
Cleveland, OH 44101-0033

