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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

6

To avoid delays in your refund request, please review Your social security number Tax year of claim the instruction page for guidelines and claim specifics. 2021 Frequently asked questions regarding Refunds can be Your first name and middle initial Last name found on RITAOhio.com under FAQs/Individual FAQ/Refunds. Current home address (number and street) Apt # Contact phone number: City, state, and ZIP code 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 RITA on page 3. In addition, your employer must sign the Employer Certification on page 2. If any of the days worked outside 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 State 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 10. Claim Summary - Submit one claim per form. Please complete a separate 10A if multiple employers/municipalities exist. **Employer Name** 1 Employer Federal ID # 2 RITA Municipality for which tax was withheld (from W-2, Box 20). RITA cannot refund tax withheld to a Non-RITA municipality 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

6 Net amount to be refunded. Subtract line 5 from line 4. Amounts \$10 or less will not be refunded.

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 2. Enter name of municipality for which tax was withheld A-2 3. Amount of municipality for which tax was withheld A-2 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, A-4 City, State, Zip Code 5. Enter the amount of municipality indicated on line A-4 6. Enter the tax rate of the municipality indicated on line A-4 7. Tax due to municipality indicated on line A-4 8. If the municipality indicated on line A-4 is a RITA municipality, enter the amount of municipality indicated on line A-4 9. Amount of over-withheld tax to be refunded or credited. Subtract line A-8 from line A-3. Anounts \$10 or less will not be refunded or credited. Subtract line A-8 from line A-3. Anounts \$10 or less will not be refunded or credited. Enter total on Page 1, line 4. 8. Employee's Home Address The employee shome address for the period covered by this claim was: Employer Separation Employer Certification Employer Representative's Explanation of Reason for Refund and Signature The undersigned employer epresentative states that during the year referenced above the employer withheld municipal income tax from the above named employee in excess of the employees Islainly; that the above referenced above the employer withheld municipal income tax from the above named employee in excess of the employees Islainly; that the above referenced above the employer during the period referenced above, that the employer est was examined that local for refund in its entirely including any accompanying schedules and statements, and that the employer personality exists that during the year referenced above the employee during the period referenced above, that the employer encounted in its entirely including any acc	Nam	e of employee shown on page 1				Emp	loyee's SS	N		Tax Year of Clair	m
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otherwise enter -0- 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. 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 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 Employer Representative's Explanation of Reason for Refund and Signature The undersigned employee representative states that during the year referenced above the employer withheld municipal income tax from the above named employee are 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 Representative's Phone Number Explanation of Reason for Refund (example—Taxpayer works from home 4 days' Taxpayer's Signature Representative's Title Date Representative Representative Service. I further 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 this information may be released to the tax administrator of the resident or workplace municipality and the Internal Revenue. Service. I further understand that this refund dana	8		on line A-4 is a RITA muni	cipali	ity, enter the amo	10000 000	ine A-7;		_		
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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 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 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 if his refund changes my RTA residence tax, an amended return must be filed before the refund will be issued. I also understand that if have an unpaid balance due, this refund will be applied to that balance due.			s for the period covered by	this	claim was:						
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To avoid delayer	Ta	woid dalawa:									
To avoid delays: • Mail this form along with the required documents Mail with required documentation to:	1	_	required documents		T _N	Mail with	reauire	ed docur	nentat	tion to:	
indicated under your "Reason for Claim" on page Regional Income Tax Agency						,,					
1 to the address shown at right; and PO Box 95422	1 to the address shown at right; and										
If filing Form 37, attach the 10A to the completed return and mail them together. Cleveland, OH 44101-0033	If filing Form 37, attach the 10A to the completed return and mail them together.					Clevel	and, O	H 4410	1-003	3	

Name of employee shown on page 1	Employee's SSN	Tax Year of Claim
		2021

Calculation of Days Worked Outside of RITA Municipality – Complete for Refund Claim Reasons 2 or 3.

1 Total workdays available. If you normally work a 5 day work week and you worked for your employer for the entire year, enter 260 (52 weeks times 5 days). Otherwise, enter the number of days you normally worked in a week times the number of weeks worked (cannot exceed 260).	1	
2 Days not worked. Enter total number of days included on line 1 that you did not work due to holidays, personal days, sick days, and vacation days	2	
3 Total days actually worked. Subtract line 2 from line 1	3	
4 Days worked outside of the municipality for which tax was withheld. A log of days out must be included (see below). For purposes of this refund claim, if you worked in another municipality that has an income tax, the wages earned in that municipality are subject to tax in that municipality.	4	
5 Days worked in the municipality for which tax was withheld. Subtract line 4 from line 3	5	
6 Percentage of wages earned in the municipality. Divide line 5 by line 3	6	
7 Total municipal taxable wages. For most taxpayers, this is the larger of Box 5 or 18 from your W-2	7	
7A Amount of municipal tax withheld to the municipality (W2 Box 19)	7A	
8 Wages taxable to municipality for which tax was withheld. Multiply line 6 by line 7	8	
8A Multiply line 8 by workplace tax rate	8A	44
9 Wages not taxable to municipality for which tax was withheld. Subtract line 8 from line 7. Enter here and on Page 1, line 3	9	
10 Amount of over withholding claimed. Amount of over withholding claimed. Subtract line 8A from line 7A. Enter here and on Page 1, line 4	10	

Log of Days Out

List the names of the municipalities/locations where you worked while working outside of the municipality for which tax was withheld, and the number of days worked in those municipalities/locations. Your own worksheet is acceptable. Use additional paper if necessary.

Travel Date/s	Work Location	Reason	# Days	Travel Date/s	Work Location	Reason	# Days
				Total number for which the			