

**REGIONAL INCOME TAX AGENCY
AMENDED EMPLOYER'S MUNICIPAL TAX WITHHOLDING STATEMENT**

① Fed. ID # _____

Name _____

Address _____

② Originally Filed
FOR THE PERIOD

[illegible]

If additional space is needed, attach a separate schedule.

⑩ *If crediting overpayment to multiple municipalities and/or periods, provide the proper distribution on the back of this form.

③ Amended
FOR THE PERIOD

	TO	
Municipality	Amount Due/Paid	
TOTAL	\$	
PAID WITH ORIGINAL RETURN	\$	
BALANCE DUE	\$	
OVERPAYMENT	\$	
*CREDIT/PERIOD	\$	
REFUND	\$	

⑨ REASON:

1. ☐ Incorrect Fed. EIN. Correct Fed. EIN is _____
2. ☐ Incorrect Period
3. ☐ Incorrect Municipalities
4. ☐ Incorrect Amount Paid
5. ☐ Additional Municipalities
6. ☐ Other – Explanation: _____

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Other: Explanation: _____

⑪ I HAVE EXAMINED THIS RETURN, AND TO THE BEST OF MY KNOWLEDGE, IT IS CORRECT.

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Signature

Title

Date _____

Phone

Remit to: REGIONAL INCOME TAX AGENCY – P.O. BOX 94736
CLEVELAND, OHIO 44101-4736

FORM 11A – AMENDED EMPLOYER’S MUNICIPAL TAX WITHHOLDING STATEMENT

Use this form to amend a previously filed period. A separate form **MUST** be filed for each period that is being amended. Follow the instructions below carefully. For assistance call (440) 526-4455 – Cleveland local; (614) 538-0512 – Columbus local; or 1-800-860-RITA – Toll free within Ohio. For TDD assistance call (440) 526-5332.

1. Print the company's federal employer identification number, name and address.
2. Show the FROM/TO dates, all the municipalities, cash distributions and the total paid as originally filed for the return you are amending.
3. Show the FROM/TO dates, all the municipalities, cash distributions and the total due as amended.
4. List the amount paid with the originally filed return.
5. If amended total is greater than the original total, enter the balance due. The balance due must be remitted when you file this form. (**NOTE:** The balance due may be subject to penalty and interest per municipal tax ordinance.)
6. If amended total is less than the original total, enter the overpayment.
7. Indicate the amount of overpayment to be credited to your account. An overpayment may be credited to any period in the current tax year or to a prior years' outstanding liability. (**NOTE:** Overpayments cannot be credited forward to the next tax year and must be refunded.) SEE INSTRUCTIONS FOR LINE 10.
8. Indicate the amount of overpayment to be refunded.
9. Provide an explanation for filing this Form 11A. Check the appropriate box. If you check OTHER, provide a written explanation.
10. If crediting an overpayment to multiple municipalities and/or periods, provide the proper distribution below. Overpayment adjustments may be made within the current tax year or for prior years' outstanding tax liabilities. **Overpayments cannot be carried forward to the next tax year.** Request a refund by placing the overpayment amount in the REFUND box on the front of this form.
11. Sign and date the form. Please provide a phone number where you can be reached if any questions arise.

⑩ CREDIT DISTRIBUTION

[illegible]