


FOR CALENDAR YEAR  OR FISCAL YEAR BEGINNING  AND ENDING

The federal return with applicable schedules and 1099's **MUST** be attached to be considered a complete tax return.

Check if:  Initial RITA Return  Moved out of RITA   
 Amended Return  Out of Business   
 Consolidated Return (Attach Form 851)

BUSINESS:  C CORPORATION  PARTNERSHIP  LLC  SMALL EMPLOYER: Federal Business Activity Code #   
 S CORPORATION  ESTATE  TRUST Business Activity

Company Name  Federal Identification Number   
 Address #  Street  Suite #   
 City  State  Zip Code

1. INCOME PER ATTACHED FEDERAL RETURN (per attached Federal Form 1120 (Line 28), 1120S (Sch. K - Line 18), 990T (Line 30), 1065 (Sch. K - Analysis of Net Income (Loss), Page 5 - Line 1), 1041 (Line 17) or the equivalent)	1	<input type="text"/>	.00
2. A. ITEMS NOT DEDUCTIBLE (from Page 3, Schedule X, Line G)	Add 2A	<input type="text"/>	.00
B. ITEMS NOT TAXABLE (from Page 3, Schedule X, Line Q)	Deduct 2B	<input type="text"/>	.00
C. ENTER EXCESS OF LINE 2A OR 2B	2C	<input type="text"/>	.00
3. A. ADJUSTED FEDERAL TAXABLE INCOME (Line 1 plus or minus Line 2C) if Schedule X is used	3A	<input type="text"/>	.00
B. AMOUNT ALLOCABLE TO RITA If Schedule Y, Page 4 is used <input type="text"/> % of Line 3A	3B	<input type="text"/>	.00
C. LESS ALLOWABLE NET LOSS Per previous Municipal Income Tax Returns (submit schedule) 	▶ 3C	<input type="text"/>	.00
4. <b>AMOUNT SUBJECT TO MUNICIPAL INCOME TAX</b> (Line 3A or 3B less Line 3C)	▶ 4	<input type="text"/>	.00
5. <b>MUNICIPAL INCOME TAX DUE</b> (see instructions) NOTE: Must equal Schedule B on Page 2	▶ 5	<input type="text"/>	.00
6. A. PAYMENTS ON DECLARATIONS OF ESTIMATED MUNICIPAL INCOME TAX	6A	<input type="text"/>	.00
B. AMOUNT OF PREVIOUS YEAR CREDITS	6B	<input type="text"/>	.00
C. TOTAL CREDITS ALLOWABLE (Line 6A + 6B)	▶ 6C	<input type="text"/>	.00
7. A. <b>BALANCE DUE</b> (Line 5 less Line 6C) <b>REMITTANCE PAYABLE TO RITA MUST ACCOMPANY THIS FORM</b> CHECK #: <input type="text"/>	▶ 7A	<input type="text"/>	.00
B. <b>OVERPAYMENT CLAIMED</b> (if Line 6C exceeds Line 5 enter difference here and check the desired box)	7B	<input type="text"/>	.00

Refund .....  **R**  
 (Overpayments cannot be split between refund and credit)  
 Credit .....  **C**

**FORM 27**

**SCHEDULE B - DISTRIBUTION OF TAX WITHIN RITA MUNICIPALITIES**  
 TOTAL TAX DISTRIBUTED BELOW MUST EQUAL AMOUNT FROM PAGE 1, LINE 5  
 (if more space is needed, attach additional schedule)

Municipality Name	Taxable Income / Loss	Tax Rate	Tax Due
<input type="text"/>	<input type="text"/> .00	<input type="text"/> .%	<input type="text"/> .00
<input type="text"/>	<input type="text"/> .00	<input type="text"/> .%	<input type="text"/> .00
<input type="text"/>	<input type="text"/> .00	<input type="text"/> .%	<input type="text"/> .00

**COMPUTATION OF ESTIMATED TAX**

**ESTIMATED TAX DISTRIBUTION FROM LINE 8A**  
 (if more space is needed, attach additional schedule)

Municipality Name	Taxable Income / Loss	Tax Rate	Tax Due
<input type="text"/>	<input type="text"/> .00	<input type="text"/> .%	<input type="text"/> .00
<input type="text"/>	<input type="text"/> .00	<input type="text"/> .%	<input type="text"/> .00
<input type="text"/>	<input type="text"/> .00	<input type="text"/> .%	<input type="text"/> .00

8. A. ESTIMATED TAX (from distribution above)	▶ 8A	<input type="text"/> .00
B. CREDIT (if any) FROM PRIOR YEAR (7B)	8B	<input type="text"/> .00
C. LINE 8A LESS LINE 8B	8C	<input type="text"/> .00
D. AMOUNT PAID (not less than 1/4 of estimated tax) (IF LINE 8A IS LEFT BLANK AN ESTIMATE WILL BE CREATED FOR YOU BASED ON YOUR PRIOR YEAR'S TAX LIABILITY AND MUNICIPAL DISTRIBUTION)	8D	<input type="text"/> .00
9. TOTAL OF 7A + 8D	9	<input type="text"/> .00

**MAKE CHECKS PAYABLE TO RITA**

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I CERTIFY I HAVE EXAMINED THIS RETURN, INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS AND TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS TRUE, CORRECT, COMPLETE, AND THAT THE FIGURES USED HEREIN ARE THE SAME AS USED FOR FEDERAL INCOME TAX PURPOSES.

\_\_\_\_\_  
SIGNATURE OF OFFICER OR PARTNER

\_\_\_\_\_  
PREPARER'S SIGNATURE      PRINT NAME

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
PREPARER'S ADDRESS

\_\_\_\_\_  
TITLE      PHONE      DATE

\_\_\_\_\_  
PREPARER'S PHONE      FIRM NAME

**REMIT RETURN WITHOUT PAYMENT**  
 TO: REGIONAL INCOME TAX AGENCY  
 P.O. BOX 89475  
 CLEVELAND, OH 44101-6475

May RITA discuss  
 this return with the  
 preparer shown above?  
 Yes    No

**REMIT RETURN WITH PAYMENT**  
 TO: REGIONAL INCOME TAX AGENCY  
 P.O. BOX 94582  
 CLEVELAND, OH 44101-4582

**SCHEDULE X – ADJUSTMENT TO FEDERAL INCOME TAX RETURN**  
**(attach supporting statement for line items utilized below)**

**ITEMS NOT DEDUCTIBLE**

A. LOSSES THAT DIRECTLY RELATE TO THE SALE, EXCHANGE, OR OTHER DISPOSITION OF AN ASSET DESCRIBED IN 1221 OR 1231 OF THE IRC		.00
B. TAXES BASED ON INCOME		.00
C. 5% OF THE AMOUNT DEDUCTED AS INTANGIBLE INCOME EXCLUDING THE PORTION DIRECTLY RELATED TO THE SALE, EXCHANGE, OR OTHER DISPOSITION OF PROPERTY DESCRIBED IN 1221 OF THE IRC		.00
D. AMOUNTS PAID OR ACCRUED TO QUALIFIED SELF-EMPLOYED RETIREMENT AND HEALTH AND LIFE INSURANCE PLANS FOR OWNERS OR OWNER-EMPLOYEES OF NON-C CORPORATION ENTITIES		.00
E. REIT'S AND RIC'S - ALL AMOUNTS WITH RESPECT TO DIVIDENDS, DISTRIBUTIONS, OR AMOUNTS SET ASIDE FOR OR CREDITED TO THE BENEFIT OF INVESTORS AND ALLOWED AS A DEDUCTION		.00
F. OTHER: (ATTACH EXPLANATION)		.00
G. TOTAL ADDITIONS (ENTER ON PAGE 1, LINE 2A)		.00

**ITEMS NOT TAXABLE**

N. INCOME AND GAINS - FEDERALLY REPORTED INCOME AND GAINS FROM IRC 1221 OR 1231 PROPERTY DISPOSITIONS EXCEPT TO THE EXTENT THE INCOME AND GAINS APPLY TO THOSE DESCRIBED IN 1245 OR 1250 OF THE IRC		.00
O. INTANGIBLE INCOME SUCH AS INTEREST, DIVIDEND, PATENT, AND COPYRIGHT INCOME ALSO INCLUDE ROYALTY INCOME EXCEPT ROYALTIES DERIVED FROM INTEREST IN LAND (i.e. OIL AND GAS RIGHTS, ETC.)		.00
P. OTHER: PASS-THROUGH INCOME (LOSS)		.00
Q. TOTAL DEDUCTIONS (ENTER ON LINE 2B)		.00

**AFTI WORKSHEET**  
**ADJUSTED FEDERAL TAXABLE INCOME**  
 For use by taxpayers that are NOT C Corporations

- (1) Federal Form 1120S (S Corporations) - Sch. K - Line 18
- (2) Federal Form 1065 (Partnerships, LLC's, LLP's) - Sch. K - Analysis of Net Income (Loss), Page 5 - Line 1
- (3) Federal Form 1041 (Estates, Trusts) - Page 1 - Line 17

	Form 1120S	Form 1065	Form 1041
a) From Federal Return (above)	\$	\$	\$
b) Excess 179 Deduction / Carryover			
c) Charitable Contribution - In Excess of 10% Limitation			
d) Other: _____			
e) <b>"ADJUSTED FEDERAL TAXABLE INCOME"</b>	\$	\$	\$

SCHEDULE Y - BUSINESS APPORTIONMENT FORMULA (See Instructions)

Table with 3 columns: A. LOCATED EVERYWHERE, B. RITA MUNICIPALITY, C. PERCENTAGE (B / A). Rows include Step 1 (Average Original Cost of Real & Tangible Personal Property), Step 2 (Total Wages, Salaries, Commission and Other Compensation Paid to All Employees), Step 3 (Gross Receipts from Sales and Work or Services Performed), Step 4 (Total of Percentages), and Step 5 (Average Percentage).

Table with 3 columns: A. LOCATED EVERYWHERE, B. RITA MUNICIPALITY, C. PERCENTAGE (B / A). Rows include Step 1 (Average Original Cost of Real & Tangible Personal Property), Step 2 (Total Wages, Salaries, Commission and Other Compensation Paid to All Employees), Step 3 (Gross Receipts from Sales and Work or Services Performed), Step 4 (Total of Percentages), and Step 5 (Average Percentage).

Table with 3 columns: A. LOCATED EVERYWHERE, B. RITA MUNICIPALITY, C. PERCENTAGE (B / A). Rows include Step 1 (Average Original Cost of Real & Tangible Personal Property), Step 2 (Total Wages, Salaries, Commission and Other Compensation Paid to All Employees), Step 3 (Gross Receipts from Sales and Work or Services Performed), Step 4 (Total of Percentages), and Step 5 (Average Percentage).

TOTAL Sum all STEP 5 percentages for each municipality, enter on Page 1, Line 3B \_\_\_\_\_ %

SCHEDULE Y-1: RECONCILIATION OF SCHEDULE Y WAGES TO WITHHOLDING RETURNS

1. Total workplace RITA wages shown on your withholding tax returns filed for the year covered by this return. \$ \_\_\_\_\_
2. Explanation of any difference between total wages remitted and total wages shown on Schedule Y above: \_\_\_\_\_

3. Provide the EIN, name, and address under which the withholding tax was remitted if different.
EIN: \_\_\_\_\_ Address: \_\_\_\_\_
Name: \_\_\_\_\_

SCHEDULE Z: PASS-THROUGH DISTRIBUTIVE SHARES OF NET INCOME

Attach a schedule of each partner's/shareholder's name, social security number, distributive share, guaranteed payments (if applicable) and taxable percentage.