


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
 S CORPORATION ESTATE TRUST
 Federal Business Activity Code #
 Business Activity

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

1. ADJUSTED FEDERAL TAXABLE INCOME (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 NET PROFIT / LOSS (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. AMOUNT SUBJECT TO MUNICIPAL INCOME TAX (Line 3A or 3B less Line 3C)	▶ 4	<input type="text"/>	.00
5. MUNICIPAL INCOME TAX DUE (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. BALANCE DUE (Line 5 less Line 6C) REMITTANCE PAYABLE TO RITA MUST ACCOMPANY THIS FORM CHECK #: <input type="text"/>	▶ 7A	<input type="text"/>	.00
B. OVERPAYMENT CLAIMED (if Line 6C exceeds Line 5 enter difference here and check the desired box) Refund <input type="checkbox"/> (Overpayments cannot be split between refund and credit) Credit <input type="checkbox"/>	7B	<input type="text"/>	.00

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

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

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

REGIONAL INCOME TAX AGENCY
P.O. BOX 89475
CLEVELAND, OH 44101-6475
WEB SITE: www.ritaohio.com

May RITA discuss
this return with the
preparer shown above?

Yes No

**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	<input style="width: 90%;" type="text"/>	.00
B. TAXES BASED ON INCOME	<input style="width: 90%;" type="text"/>	.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	<input style="width: 90%;" type="text"/>	.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	<input style="width: 90%;" type="text"/>	.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	<input style="width: 90%;" type="text"/>	.00
F. OTHER: (ATTACH EXPLANATION)	<input style="width: 90%;" type="text"/>	.00
	<input style="width: 90%;" type="text"/>	.00
G. TOTAL ADDITIONS (ENTER ON PAGE 1, LINE 2A)	<input style="width: 90%;" type="text"/>	.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	<input style="width: 90%;" type="text"/>	.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.)	<input style="width: 90%;" type="text"/>	.00
P. OTHER: PASS-THROUGH INCOME (LOSS)	<input style="width: 90%;" type="text"/>	.00
Q. TOTAL DEDUCTIONS (ENTER ON LINE 2B)	<input style="width: 90%;" type="text"/>	.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) "ADJUSTED FEDERAL TAXABLE INCOME"	\$	\$	\$

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.