

EMPLOYER'S WITHHOLDING TAX RETURN

*City of Rittman Income Tax Office
30 N. Main St.
Rittman, Ohio 44270
Phone: (330) 925-2057
Email: sroberts@rittman.com*

Name: _____

Address: _____

EIN #: _____

*Please Notify the Tax Office of any
Change in Name or Address*

Tax Department Copy

Taxes withheld for the period checked:

- Jan. Thru March Due 4/15
- April Thru June Due 7/15
- July Thru Sept. Due 10/15
- Oct. Thru Dec. Due 1/15
- Month of: _____

Due Date 15th of the following month

1. Number of Taxable Employees: _____

2. Total Payroll Subject to Rittman
Earnings Tax: \$ _____

3. Rittman Withholding Tax at 1.5%:
\$ _____

*Make Remittance Payable to:
City of Rittman*

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