

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 4/30
- April Thru June Due 7/31
- July Thru Sept. Due 10/31
- Oct. Thru Dec. Due 1/31

Month of: _____

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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Taxpayer Copy

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