

# 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](mailto: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: \_\_\_\_\_

Due Date 15<sup>th</sup> 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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Address: \_\_\_\_\_

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**Taxpayer Copy**

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