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Jun 06, 2022
789-2

Account Number:

Dear Utica Residents and Businesses:

Effective July 1, 2022, the Regional Income Tax Agency (RITA) will begin collecting municipal income tax for the Village of Utica. Formed in 1971 through the Regional Council of Governments, RITA is a governmental agency established under Chapter 167 of the Ohio Revised Code. RITA provides income tax collection and processing services for more than 350 of Ohio's municipalities and is the largest municipal income tax collection agency in the state. RITA's shared services offer municipalities a comprehensive, efficient and effective solution to income tax collection that results in cost savings and increased tax collections. The Village of Utica chose RITA for its ability to offer residents and businesses free online services and its ability to maximize the Village's tax collection efforts. RITA will be responsible for the administration and collection of all income taxes and will serve the Village of Utica in this capacity.

After July 1, 2022, all Utica tax payments and tax forms, for **current and prior tax years**, are to be sent to RITA. We encourage you to utilize RITA's free and simple online services, FastFile and MyAccount. Beginning July 1, 2022, residents will have limited access to electronic services. During this time, residents will only have access to RITA's FastFile – no login, user ID or password is needed. Beginning July 25th, residents and businesses will have complete access to RITA's MyAccount applications. Visit ritaohio.com to access FastFile, MyAccount and tax forms.

For those wishing to utilize mail, the remittance address for our secured lockbox center is:

RITA
P.O. Box 477900
Broadview Hts, Ohio 44147-7900

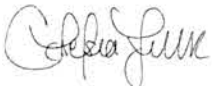
Checks or money orders should be payable to the Regional Income Tax Agency or RITA. Please include your account number as indicated above on all payments and correspondence.

RITA will inform Utica taxpayers of filing obligations using a notification campaign that includes messaging through social media, notifications on various websites, radio spots, and newspapers across the State of Ohio.

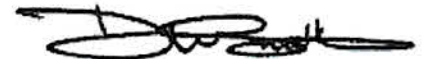
If you have an existing account with RITA and are already remitting withholding taxes for another RITA municipality, simply add the Utica withholding tax payment to the RITA Form 11.

If you have any questions regarding your Village of Utica income tax, please contact RITA's customer service representatives at 800-860-7482.

Sincerely,



Chelsea Fulk, Fiscal Officer
Village of Utica



Don Smith, Executive Director
Regional Income Tax Agency

Names:

_____-_____-_____
Primary Social Security Number First Name Middle Last Name

_____-_____-_____
Spouse's Social Security Number First Name Middle Last Name

Primary date of birth: ____/____/____ Spouse's date of birth: ____/____/____

Registration for the city or village of: _____

Current Residence Address Information:

Street No. Street Name Apt. /Suite # PO Box

City / Village State Zip Code

Date you moved to this address: ____/____/____ Contact Phone No. (____) ____-____

Do you own or rent your home? (Please check ✓ one) Own Rent

If renting please give the Landlord's name, address and phone number _____

Previous Residence Address Information:

Street No. Street Name Apt. /Suite # City / Village State Zip Code

Date you moved to this address: ____/____/____

Employment Information: (Check Yes or No, if retired please include date of retirement)

Are you employed? Yes No Is your spouse employed? Yes No

Are you retired and/or have no taxable income? Yes No If Yes, date you retired: ____/____/____

Is your spouse retired and/or have no taxable income? Yes No If Yes, date your spouse retired: ____/____/____

Do you have income reported on Federal Schedules C, E or F? Yes No

Does your spouse have income reported on Federal Schedules C, E or F? Yes No

Do you and/or your spouse own rental property? Yes No (Please list tenant's name, address and date you began renting property. If you have multiple properties, please supply additional information on back or a separate sheet of paper.)

Tenant's First, Last Name and address: _____

Date: ____/____/____



Access ritaohio.com to register electronically using MyAccount. Login to MyAccount to Add a Municipality or Add Subcontractor. These features allow you to report a new location or new subcontractor project electronically.

Municipality _____

Business Type

- Corporation
- S-Corp
- LLC
- Partnership
- Non-Profit
- Estate & Trust
- Sole Proprietor / LLC

Reason for Registration

- Courtesy withholding for an employee's resident municipality
- Doing business within the municipality this year (temporary)
Approx. # of days _____ Start Date _____
- Business with a fixed location
Date business began at this location _____

Company Information (List physical address of work performed within this municipality)

Name: _____ Federal ID #: _____
 Address: _____ SSN : _____
(required if sole proprietor)
 City/State/Zip: _____
 Mailing Address (for withholding tax forms / if different from above) _____
 Mailing Address (for net profit tax forms / if different from above) _____

***Please note that your Federal Identification Number will serve as your RITA account number.**

Filing Status:

- Calendar year
- Fiscal year / month ending _____

Do you have any employees? Yes No

Number of employees at RITA location _____

My withholding is filed under a 3rd party account (PEO or common paymaster) Yes No

If yes, list Federal ID # _____

Monthly gross payroll at RITA location \$ _____

I am a small employer (under \$500,000 in gross revenue during previous year) Yes No

Contractors

I am a contractor Yes No

Will you be using sub-contractors? Yes No

If yes, complete page 2.

Total contract amount of the project \$ _____

The Information Hereby Submitted is True and Correct.

Print Name _____ Title _____ Phone Number _____

Signature _____ Date _____

Please complete and sign this Registration Form and return within 10 business days. Please be advised that failure to timely register with RITA may result in delays in the processing of any required income tax filings or may result in future penalty and interest charges, if applicable. If you have any questions please contact the Registration Department at the number below.

Mail to: RITA
ATTN: BUSINESS REGISTRATION
P.O. BOX 477900
BROADVIEW HEIGHTS, OH 44147-7900

ritaohio.com

Call: 800.860.7482, ext. 5008
TDD: 440.526.5332
Fax: 440.922.3536

Sub-contractor Name / Address		\$
	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
Sub-contractor Name / Address		\$
	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
Sub-contractor Name / Address		\$
	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
Sub-contractor Name / Address		\$
	Contact Name	Contract Amount
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Sub-contractor Name / Address		\$
	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
Sub-contractor Name / Address		\$
	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade

*If more space is needed, you may attach a separate schedule that includes **ALL** of the required information listed above.