

REGIONAL INCOME TAX AGENCY

P.O. BOX 94801
Cleveland, Ohio 44101-4801

Table with 2 columns: Location (CLEVELAND, COLUMBUS, YOUNGSTOWN, TDD) and Phone Number (800-860-7482, 866-721-7482, 866-750-7482, 440-526-5332)

INDIVIDUAL DECLARATION OF EXEMPTION

Tax Year _____

Form with fields for: SOCIAL SECURITY NUMBER, SPOUSE'S SOCIAL SECURITY NUMBER, FIRST NAME, M.I., LAST NAME, SPOUSE'S FIRST NAME, M.I., SPOUSE'S LAST NAME (IF DIFFERENT), CURRENT STREET NUMBER, STREET NAME, CITY NAME, STATE, ZIP CODE, DAY PHONE, EVENING PHONE

I believe that I am not required to file a municipal income tax return for the year shown above because:

(Please CIRCLE the number of the statement that best applies to you)

- 1. I had NO TAXABLE INCOME for the entire year. (Enclose page 1 of your Federal Form 1040)
2. I was a member of the U. S. ARMED FORCES (including the National Guard) and had no other taxable income for all of the tax year. (Not including civilians employed by the military)
3. I was UNDER AGE 18 for the entire year. (Enclose a copy of your Birth Certificate or Driver's License). Date of Birth: ___/___/___ MM / DD / YY
4. I am a RETIRED individual receiving only pension, social security, interest, or dividend income. (Enclose page 1 of your Federal Form 1040) Date Retired: ___/___/___ MM / DD / YY
5. Prior to January 1, I MOVED from a RITA municipality. (Enclose proof of new address) Date of Move: ___/___/___ MM / DD / YY
Previous Address _____
Street # and name City State Zip
6. Taxpayer is DECEASED. (Enclose copy of Death Certificate) Date of Death: ___/___/___ MM / DD / YY
7. I am filing a RITA return JOINTLY with my Spouse and their name and social security number are indicated in the address section at the top of the form.

Refunds can be requested by submitting a form 10A found at www.ritatohio.com

THE BELOW SIGNED DECLARES THAT THIS EXEMPTION IS TRUE, CORRECT, AND COMPLETE.

Taxpayer's Signature _____ DATE _____

Spouse's Signature _____ DATE _____