



Regional Income Tax Agency
Individual Registration Form



800.860.7482
TDD 440.526.5332
ritaohio.com

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: ____/____/____

Mail form to: RITA
ATTN: Registration Dept.
P.O. Box 477900
Broadview Heights, OH 44147-7900

Call: 800.860.7482, ext. 5008
FAX form to: 440.526.3136