

**Regional Income Tax Agency**

**Individual Registration Form**

Mail form to: Regional Income Tax Agency  
Attn: Registration Dept. P.O. Box 477900 Broadview Heights, OH 44147-7900  
Fax (440) 526-3136 • (800) 860-7482 x5008 • TDD (440) 526-5332

**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: \_\_\_\_ / \_\_\_\_ / \_\_\_\_