

REGIONAL INCOME TAX AGENCY
P.O. BOX 94801
Cleveland, Ohio 44101-4801

RITA's eFile
Easy, Fast, Free & Secure
www.ritaohio.com

CLEVELAND 800-860-7482
COLUMBUS 866-721-7482
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TDD 440-526-5332

INDIVIDUAL DECLARATION OF EXEMPTION

Tax Year _____

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.ritaohio.com

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

Taxpayer's Signature DATE

Spouse's Signature DATE