



CCA - MUNICIPAL INCOME TAX

Request for Copy of Tax Return

SEND TO: Central Collection Agency
205 W Saint Clair Ave
Cleveland OH 44113

Fax 216.420.8299

individualtax@ccatax.ci.cleveland.oh.us

ACCOUNT INFORMATION

Taxpayer Identification Number:

Social Security number

Spouse's Social Security number if a joint return

Federal Identification Number

Name(s) and address shown on tax return:

Current address if different from above:

TYPE OF RETURN REQUESTED

☐ CCA INDIVIDUAL CITY TAX FORM
ALL ATTACHMENTS AS ORIGINALLY SUBMITTED WITH THE RETURN INCLUDING FORMS W2 AND SCHEDULES.

☐ CCA NET PROFIT TAX RETURN
ALL ATTACHEMNTS AS ORIGNALLY SUBMITTED WITH THE RETURN

☐ OTHER _____
SPECIFIC SCHEDULE, ITEM OR PAGE; I.E. SCH E, SPOUSE 'S W-2 FORM , 1120

YEAR OR PERIOD REQUESTED

Enter the ending date of the year or period, using the *mm/dd/yyyy* format.

If you are requesting more than five years or periods, attach another form.

SIGNATURE

I declare that I am either the taxpayer whose name is shown on the return, or a preson authorized to obtain the tax return requested. If the request applies to a joint return, **either** husband or wife must sign. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this request on behalf of the taxpayer.

TAXPAYER SIGNATURE

DATE

TITLE IF CORPORATION, PARTNERSHIP, ESTATE OR TRUST

TELEPHONE NUMBER