



INDIVIDUAL REGISTRATION
CCA – Municipal Income Tax

205 W St Clair Ave
Cleveland, OH 44113

Phone: (216) 664-2070 / (800) 223-6317
www.ccaohio.gov

Move in Date: _____ Phone No _____
Primary Social Security No. _____ - _____ Spouse Social Security No. _____
Primary Name _____ Spouse Name _____
Street Address _____ Apt. No _____
City _____ State _____ Zip Code _____
Prior Address _____ City _____ State _____ Zip Code _____
Lived at prior address: From _____ To _____
Mailing Address _____ City _____ State _____ Zip Code _____

LIST ALL OTHER RESIDENTS IN HOUSEHOLD (AGE 18 OR OVER)

Table with 4 columns: NAME, AGE, SOCIAL SECURITY NO, CITY WHERE EMPLOYED. Includes four rows for listing residents.

EMPLOYMENT (GIVE NAME AND ADDRESS OF EMPLOYER(S))

INDICATE WHETHER FOR YOURSELF OR SPOUSE FOR THE LAST TWO (2) YEARS. SHOW LAST JOB FIRST
COMPANY NAME ADDRESS/CITY

- 1. _____ SELF _____ SPOUSE _____
2. _____ SELF _____ SPOUSE _____
3. _____ SELF _____ SPOUSE _____
4. _____ SELF _____ SPOUSE _____

CHECK OTHER SOURCES OF INCOME:

RENT [] SOC.SEC. [] PENSION [] SELF-EMPLOYED [] OTHER [] _____

TRADE NAME AND ADDRESS IF SELF-EMPLOYED _____

If registration is for employers or business,
you must also complete the Business Registration form.

SIGNATURE _____ DATE _____

The above signed declares that this statement is true and correct.