



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)

NAME	AGE	SOCIAL SECURITY NO	CITY WHERE EMPLOYED
_____	_____	_____ - _____	_____
_____	_____	_____ - _____	_____
_____	_____	_____ - _____	_____
_____	_____	_____ - _____	_____

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.