

Attn: Registration P.O. Box 477900 Broadview Heights, OH 44147-7900
If you have any questions or are unable to complete this form please contact RITA's
Registration Dept. at (440) 526-0900 x5008 or (800) 860-7482 x5008.

Names:

Primary Social Security # _____

Primary First Name Middle Initial Last Name

Spouse's Social Security# _____

Spouse's First Name Middle Initial Last Name

Current Address Information:

P O Box House # Street Name Apt #

City State Zip Code

Registration for the city of: _____

Effective date of this Address: _____

Daytime Phone # _____ Evening Phone # _____

Prior Address Information:

Prior Address (House #, Street Name, City and State)

Effective date of this address: _____

Employment Information:

Are you employed? Y/N Is your spouse employed? Y/N

Do you have Schedule C income in a RITA Municipality? Y/N

Does your spouse have Schedule C income in a RITA Municipality? Y/N

Do you own rental property and/or own a business? Y/N

Does your spouse own rental property and/or a business? Y/N

Are you retired and/or have no taxable income? Y/N

Retirement date: you _____

Is your spouse retired and/or have no taxable income? Y/N

spouse _____