

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
YOUNGSTOWN	866-750-7482
TDD	440-526-5332

INDIVIDUAL DECLARATION OF EXEMPTION

Tax Year _____

SOCIAL SECURITY NUMBER		SPOUSE'S SOCIAL SECURITY NUMBER	
<input type="text"/>		<input type="text"/>	
FIRST NAME	M.I.	LAST NAME	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
SPOUSE'S FIRST NAME	M.I.	SPOUSE'S LAST NAME (IF DIFFERENT)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
CURRENT STREET NUMBER	STREET NAME		
<input type="text"/>	<input type="text"/>		
CITY NAME	STATE	ZIP CODE	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
DAY PHONE	EVENING PHONE		
<input type="text"/>	<input type="text"/>		

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)

- I had **NO TAXABLE INCOME** for the entire year. (Enclose page 1 of your Federal Form 1040)
- 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)
- 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
- 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
- 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
- Taxpayer is **DECEASED**. (Enclose copy of Death Certificate) Date of Death: _____
MM / DD / YY
- 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.ritatohio.com

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

Taxpayer's Signature _____ DATE _____

Spouse's Signature _____ DATE _____