## **REGIONAL INCOME TAX AGENCY**

P.O. BOX 94801 Cleveland, Ohio 44101-4801

Spouse's Signature

CLEVELAND	800-860-7482
COLUMBUS	866-721-7482
YOUNGSTOWN	866-750-7482
TDD	440-526-5332

DATE

<u>II</u>	IDIVIDUAL DECLARATION OF EXEMPTION Ta	x Year	
FIR	ST NAME  M.I. LAST NAME  DUSE'S FIRST NAME  M.I. SPOUSE'S LAST NAME (IF DIFFERENT)  RRENT STREEET NUMBER  STREET NAME		
CIT	Y NAME STATE ZIP COD	E	
DA	Y PHONE EVENING PHONE		
b	elieve that I am not required to file a municipal income tax return for the year shown about the property (Please CIRCLE the number of the statement that best applies to you)	ve because:	
1.	I had NO TAXABLE INCOME for the entire year. (Enclose page 1 of your Federal Form 1040)		
2.	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)		
3.	I was UNDER AGE 18 for the entire year. (Enclose a copy of your Birth Certificate or Driver's License). Date of Birth:		
4.	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	
5.	Prior to January 1, I MOVED from a RITA municipality. (Enclose proof of new address)  Date of Move:		
	Previous Address	MM / DD / YY	
i.	Taxpayer is <b>DECEASED.</b> (Enclose copy of Death Certificate)  Date of Death:		
	I am filing a RITA return <b>JOINTLY</b> with my Spouse and their name and social security number are indicated in the address section at the top of the form.	MM / DD / YY	
	Refunds can be requested by submitting a form 10A found at www.ritatohio.com		
<u>ΓΗ</u>	E BELOW SIGNED DECLARES THAT THIS EXEMPTION IS TRUE, CORRECT, AND COMPLETE.		
Гах	xpayer's Signature DATE		