



# INDIVIDUAL REGISTRATION CCA – MUNICIPAL INCOME TAX

205 W Saint Clair Ave  
Cleveland OH 44113-1503

Phone: 216-664-2070, 1-800-223-6317  
www.ccatax.ci.cleveland.oh.us

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

### 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.