



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.