



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 _____
 Lived at prior address: From _____ To _____
 Mailing Address _____ City _____ State _____

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

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

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.