

**Regional Income Tax Agency
Individual Declaration of Exemption**



**800.860.7482
TDD 440.526.5332
ritaohio.com**

NOTE:

Do not use this form for refund requests.

If you need to request a refund, please separately submit a completed Form 10A (available at ritaohio.com). Please do not attach a refund request to this Declaration of Exemption.

Mail Declaration to:

REGIONAL INCOME TAX AGENCY
P.O. BOX 94801
Cleveland, Ohio 44101-4801

Tax Year _____

SOCIAL SECURITY NUMBER

SPOUSE'S SOCIAL SECURITY NUMBER

FIRST NAME

M.I.

LAST NAME

SPOUSE'S FIRST NAME

M.I.

SPOUSE'S LAST NAME (IF DIFFERENT)

CURRENT STREET NUMBER

STREET NAME

CITY NAME

STATE

ZIP CODE

PHONE NUMBER

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)

1. NO TAXABLE INCOME* for the entire year. If Joint account, CIRCLE this statement only if both you and your spouse have NO TAXABLE INCOME*. **Enclose pages 1-2 and Schedule 1 of your Federal Form 1040.** If you have taxable income* and generally do not meet other exemptions below, your income is not exempt and you must file a RITA Form 37 (login to MyAccount at ritaohio.com).
*TAXABLE INCOME for municipal income tax purposes includes W-2 income, Federal Schedule C, E, F, 1099-MISC or Form 4797 income.
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: _____
MM / DD / YY
4. I am a **RETIRED** individual receiving only pension, social security, interest, or dividend income. Date Retired: _____
MM / DD / YY
SPOUSE is a **RETIRED** individual receiving only pension, social security, interest, or dividend income.
(Enclose pages 1-2 and Schedule 1 of the Federal Form 1040) Spouse's Date Retired: _____
MM / DD / YY
5. Prior to January 1, I **MOVED** from a RITA municipality. (Enclose proof of new address)
Previous Address _____ Date of Move In: _____
Street # and name City State Zip MM / DD / YY
6. Taxpayer is **DECEASED**. (Enclose copy of Death Certificate) Date of Death: _____
MM / DD / YY
SPOUSE is **DECEASED**. (Enclose copy of Death Certificate) Spouse's Date of Death: _____
MM / DD / YY
7. 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 ritaohio.com

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

Taxpayer's Signature _____

DATE _____

Spouse's Signature _____

DATE _____