Names:

_____ - _____ - _____ _____ _____ _____
Primary Social Security Number   First Name   Middle   Last Name

_____ - _____ - _____ _____ _____ _____
Spouse's Social Security Number   First Name   Middle   Last Name

Primary date of birth: _____ / _____ /_____   Spouse's date of birth: _____ / _____ /_____

Registration for the city or village of: _____

Current Residence Address Information:

_____ _____ _____ _____
Street No.   Street Name   Apt. /Suite #   PO Box

_____ _____ _____
City / Village   State   Zip Code

Date you moved to this address: _____ / _____ /_____ Contact Phone No. (_____) _____ - _____

Do you own or rent your home? (Please check ✓ one) Own ☐ Rent ☐

If renting please give the Landlord's name, address and phone number _____
_____

Previous Residence Address Information:

_____ _____ _____ _____ _____ _____
Street No.   Street Name   Apt. /Suite #   City / Village   State   Zip Code

Date you moved to this address: _____ / _____ / _____

Employment Information: (Check Yes or No, if retired please include date of retirement)

Are you employed? Yes ☐ No ☐   Is your spouse employed? Yes ☐ No ☐

Are you retired and/or have no taxable income? Yes ☐ No ☐ If Yes, date you retired: _____/_____/_____

Is your spouse retired and/or have no taxable income? Yes ☐ No ☐ If Yes, date your spouse retired: _____/_____/_____

Do you have income reported on Federal Schedules C, E or F? Yes ☐ No ☐

Does your spouse have income reported on Federal Schedules C, E or F? Yes ☐ No ☐

Do you and/or your spouse own rental property? Yes ☐ No ☐ (Please list tenant's name, address and date you began renting property. If you have multiple properties, please supply additional information on back or a separate sheet of paper.)

Tenant's First, Last Name and address: _____

_____ Date: _____ / _____ / _____

Mail form to: RITA
ATTN: Registration Dept.
P.O. Box 477900
Broadview Heights, OH 44147-7900

FAX form to: 440.922.3515