

If you have any questions or are unable to complete this form please contact RITA's Registration Dept. at (440) 526-0900 or (800) 860-7482.

Names:

Primary Social Security # _____

Primary First Name Middle Initial Last Name

Spouse's Social Security# _____

Spouse's First Name Middle Initial Last Name

Current Address Information:

P O Box House # Street Name Apt #

City State Zip Code

RITA Municipality of Registration: _____

Effective Date of this Address: _____

Daytime Phone # _____ Evening Phone # _____

Prior Address Information :

City State

Effective date of this address: _____

Employment Information:

Are you employed? Y/N

Is your Spouse Employed? Y/N

Do you own rental property and/or own a business? Y/N

Does your Spouse own rental property and/or a business? Y/N

Are you retired and/or have no taxable income? Y/N

Is your spouse retired and/or have no taxable income? Y/N