



CCA – DIVISION OF TAXATION
 216.664.2070 800.223.6317
 www.ccatax.ci.cleveland.oh.us

2019

**Individual Municipal
 Income Tax Forms**

Tax forms due April 15, 2020

eFile with CCA at <https://efile.ccatax.ci.cleveland.oh.us>

Name	Social Security No.	
Name of spouse if joint return	-	
Current address	Apt. #	
City	State	Zip

Read the instruction booklet to determine whether you have taxable income for municipal income tax purposes.

If you have taxable income complete and file the City Tax Form.

If you have no taxable income for municipal purposes complete and file the Exemption Certificate below.

CCA MEMBER MUNICIPALITIES

- | | | | | |
|------------|--------------------|---------------------|---------------------------|-------------------|
| Ada | Gates Mills | Montpelier | Oakwood (Paulding County) | Seville |
| Alger | Geneva-on-the-Lake | Munroe Falls | Obetz | Shreve |
| Barberton | Germantown | New Carlisle | Orwell | South Russell |
| Bratenahl | Grand Rapids | New Madison | Parma Heights | Timberlake |
| Burton | Grand River | New Miami | Paulding | Union |
| Clayton | Hamilton | New Paris | Phillipsburg | Warrensville Hts. |
| Cleveland | Highland Hills | North Baltimore | Riverside | Waynesfield |
| Dresden | Linndale | North Perry Village | Rock Creek | West Alexandria |
| Elida | Marble Cliff | North Randall | Rushsylvania | West Milton |
| Frazeyburg | Mentor-on-the-Lake | Norton | Russells Point | |

EXEMPTION CERTIFICATE

I LIVE IN A MANDATORY FILING COMMUNITY AND I AM NOT REQUIRED TO PAY MUNICIPAL INCOME TAX BECAUSE:

- | | |
|--|--|
| <p>1. <input type="checkbox"/> RETIRED, received only pension, Social Security, interest or dividend income</p> <p>2. <input type="checkbox"/> MEMBER OF THE ARMED FORCES OF THE UNITED STATES FOR THE ENTIRE YEAR 2019. (This does not include civilians employed by the military or National Guard.)</p> <p>3. <input type="checkbox"/> UNDER 18 FOR THE ENTIRE YEAR 2019.
*see reverse for exceptions</p> | <p>4. <input type="checkbox"/> NO EARNED INCOME FOR THE ENTIRE YEAR 2019. (Public Assistance, Unemployment, SSI, etc.)</p> <p>5. <input type="checkbox"/> BUSINESS CLOSED OR RENTAL PROPERTY SOLD prior to 1/1/19.</p> |
|--|--|

IF EXEMPT, COMPLETE, DETACH AND RETURN THE EXEMPTION CERTIFICATE IN THE ENCLOSED ENVELOPE.

KEEP TOP PORTION FOR YOUR RECORDS.

IF YOU ARE NOT FILING THIS EXEMPTION CERTIFICATE, PLEASE DISCARD.



CCA - DIVISION OF TAXATION
205 W SAINT CLAIR AVE
CLEVELAND OH 44113-1503

2019 EXEMPTION CERTIFICATE

SHOW NAME OR ADDRESS CHANGES ON REVERSE.

Name	Social Security No.
Name of spouse if joint return	- -
Current address	- -
Apt. #	
City	-
State	-
Zip	

I LIVE IN A MANDATORY FILING COMMUNITY AND I AM NOT REQUIRED TO PAY MUNICIPAL INCOME TAX BECAUSE:

- | | |
|--|--|
| <p>1. <input type="checkbox"/> RETIRED, received only pension, Social Security, Interest or Dividend Income</p> <p>2. <input type="checkbox"/> MEMBER OF THE ARMED FORCES OF THE UNITED STATES FOR THE ENTIRE YEAR 2019. (This does not include civilians employed by the military or National Guard.)</p> <p>3. <input type="checkbox"/> UNDER 18 FOR THE ENTIRE YEAR 2019.
*see reverse for exceptions</p> | <p>4. <input type="checkbox"/> NO EARNED INCOME FOR THE ENTIRE YEAR 2019. (Public Assistance, Unemployment, SSI, etc.)</p> <p>5. <input type="checkbox"/> BUSINESS CLOSED OR RENTAL PROPERTY SOLD prior to 1/1/19.</p> |
|--|--|

Do you authorize your preparer to contact us regarding this return? YES NO

SIGNATURE OF TAXPAYER	SIGNATURE OF SPOUSE, IF JOINT RETURN	PHONE NUMBER	SIGNATURE OF PREPARER, IF NOT TAXPAYER	DATE
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IF YOU ARE NOT FILING THIS EXEMPTION CERTIFICATE, PLEASE DISCARD.

*All individuals who are 18 years of age and older are subject to local income tax.

Note: Dresden, Frazeyburg, Hamilton, Montpelier, Munroe Falls, New Paris, Oakwood, Obetz, Phillipsburg, Riverside and West Alexandria have no minimum age. Geneva-on-the-Lake uses 15 as a minimum age. Grand River, Rushsylvania and West Milton use 16 as the minimum age. New Carlisle individuals 16 and 17 years old who earn \$2,500.00 or more are subject to the tax.

SHOW NAME AND ADDRESS CHANGES BELOW

Taxpayer Name	Social Security No.
	- -
Name of spouse if joint return	- -
Address Apt. #	Move In
	/
City State Zip	Move Out
	/



2019-City Tax Form — Due April 15, 2020

90% payment due January 15, 2020
to avoid penalty and interest (see ordinance)

CCA FORM 120-16-IR

CCA – DIVISION OF TAXATION

216.664.2070 • 800.223.6317
www.ccatax.ci.cleveland.oh.us

Refund Amended
 Individual Joint Extension Attached

PRINT OR TYPE

Name	Social Security No.
Name of spouse if joint return	
Current address Apt. #	Move In /
City, State, Zip	Move Out /
IF MOVED DURING THE YEAR SHOW CHANGES BELOW	
	Move In /
	Move Out /

TAXABLE INCOME		
1. Employ 's Name	CITY	INCOME
a.		
b.		
c.		
d.		
2. Total Wages (Attach W-2s or 1099s)		
3. Business Income (Attach Schedule C)		
4. Rental Income (Attach Schedule E)		
5. K-1 Income (Attach Schedule E & K-1)		
6. Other Income Source		
CITY OF RESIDENCE		PHONE NUMBER
		() -

NOTE: IF TOTAL WAGES WERE EARNED IN THE SAME CITY YOU LIVED IN AND CITY TAX WAS CORRECTLY WITHHELD, COMPLETE GREEN SECTIONS ONLY, SIGN, DATE, ATTACH W-2 FORMS AND MAIL RETURN. ALL OTHERS SEE INSTRUCTIONS AND COMPLETE FORM IN ITS ENTIRETY.

SECTION A Employment / Profit Tax 2019								
LINE	COLUMN 1 Work City Name List Each City Only Once	COLUMN 2 Taxable Income	COLUMN 3 Work City Tax Rate	COLUMN 4 Tax Due	COLUMN 5 Less: Tax Withheld (Attach W-2) Or Paid Other Cities	COLUMN 6 Less: Prior Year Credit	COLUMN 7 Less: Tax Paid On Employment Tax Estimate	COLUMN 8 Tax Due CCA (If \$10.00 or less enter zero)
9								
10	Total each column. Add Positive Figures only in Column 8.							
11	If a negative figure is shown in Column 8, enter as credit or refund. The credit or refund amount must be greater than \$10.00.				11a CREDIT		11b REFUND	

SECTION A-1 Employment / Profit Tax Estimate For 2020 (See instructions) – must be completed to receive 2020 Estimated Bills					
LINE	COLUMN 9 Work City	COLUMN 10 Estimated Tax Due	COLUMN 11 2019 Credit (From Col. 8 only)	COLUMN 12 Balance (Col. 10 Less Col. 11)	COLUMN 13 Payment Due (1/4 of Col. 10 less Col. 11)
12					
13	Total each column.				

SECTION B Residence Tax 2019 (Refer to Schedule R Worksheet on Reverse of Form Before Proceeding to Line 14)							
LINE	COLUMN 14 Residence City	COLUMN 15 Taxable Income	COLUMN 16 Tax Due Schedule R	COLUMN 17 Less: Residence Tax Withheld (Attach W-2)	COLUMN 18 Less: Prior Year Credit	COLUMN 19 Less: Tax Paid On Residence Tax Estimate	COLUMN 20 Tax Due CCA (If \$10.00 or less enter zero)
14							
14a							
15	Total each column. Add Positive Figures only in Column 20.						
16	If a negative figure is shown in Column 20, enter as credit or refund. The credit or refund amount must be greater than \$10.00.			16a CREDIT		16b REFUND	

SECTION B-1 Residence Tax Estimate for 2020 (See instructions) – must be completed to receive 2020 Estimated Bills					
LINE	COLUMN 21 Residence City	COLUMN 22 Estimated Residence Tax	COLUMN 23 2019 Credit (From Line 16a only)	COLUMN 24 Balance (Col. 22 Less Col. 23)	COLUMN 25 Payment Due (1/4 of Col. 22 less Col. 23)
17					
18	Tax Due with this return – Add Figures Shown in Last Column of Lines 10-13-15-17 Write Taxpayer Identification Number on Remittance. Make check payable to CCA - Division of Taxation.				

I DECLARE THAT I HAVE EXAMINED THIS RETURN AND ACCOMPANYING SCHEDULES AND STATEMENTS. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. THE FIGURES USED HEREIN ARE THE SAME AS USED FOR FEDERAL INCOME TAX PURPOSES ADJUSTED TO MUNICIPAL INCOME TAX ORDINANCES.

Do you authorize your preparer to contact us regarding this return? YES NO

SIGN HERE	Signature of Taxpayer	Signature of Spouse, if Joint Return	DATE	Signature of Preparer, if not Taxpayer	DATE
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PLACE CHECK, MONEY ORDER OR CREDIT CARD AUTHORIZATION ON TOP. PLACE FORMS W-2 BELOW REMITTANCE. ATTACH ALL ITEMS HERE.

**MAIL
TO**

NO Payment Enclosed - Mail to:
CCA – DIVISION OF TAXATION
PO BOX 94810
Cleveland OH 44101-4810

Payment Enclosed - Mail to:
CCA – DIVISION OF TAXATION
PO BOX 94723
Cleveland OH 44101-4723

Refund Request - Mail to:
CCA – DIVISION OF TAXATION
PO BOX 94520
Cleveland OH 44101-4520



CCA – DIVISION OF TAXATION

CREDIT CARD AUTHORIZATION

┌ DETACH HERE ┐

TO CHARGE YOUR INCOME TAX DUE YOU MUST COMPLETE THE FOLLOWING:

CHECK ONE VISA MASTERCARD AMERICAN EXPRESS

Taxpayer's name		
Cardholder's name		
Cardholder's address	Apt. #	
City	State	Zip

Taxpayer's Social Security No.
- -

ACCOUNT NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

TOTAL AMOUNT CHARGED \$ _____

V CODE

--	--	--

EXPIRATION DATE

MO.		YR.	

CARDHOLDER'S AUTHORIZED SIGNATURE

DATE
/

SCHEDULE R WORKSHEET - DO NOT INCLUDE INCOME REPORTED ON THE CCA RESIDENT BUSINESS / RENTAL INCOME WORKSHEET				
COLUMN 1 WORK CITY	COLUMN 2 TAXABLE INCOME	COLUMN 3 RESIDENCE CITY	COLUMN 4 SCHEDULE R TAX RATE FROM ABOVE	COLUMN 5 RESIDENCE TAX DUE COLUMN 2 TIMES COLUMN 4
			%	
			%	
			%	
**				
TOTALS				
Enter totals on tax return	LINE 14, COLUMN 15			LINE 14, COLUMN 16

SCHEDULE R WORKSHEET INSTRUCTIONS

Do not include income reported on the CCA Resident Business/Rental Income Worksheet.

Column 1 Enter name of your work city. If more than one city, list each city separately. If work city is the same as residence city, enter name of work city on the ** line.

NOTE: Income earned in same city you live in with employment tax withheld correctly is not subject to residence tax.

Column 2 Enter total income earned in each city listed in Column 1. Add all figures and enter total on front of form on line 14, column 15.

Column 3 Enter name of residence city. If residence city changed during year, prorate Column 2.

Column 4 To locate your adjusted residence tax rate:

(a) Find the WORK CITY RATE in the shaded area of SCHEDULE R.

(b) Follow that WORK CITY column down until you reach the row naming your residence city.

(c) Circle that percentage and enter in Column 4.

Column 5 Multiply Column 2 by Column 4 and enter the tax due. Add all figures and enter total on front of form on line 14, column 16.