



CCA – DIVISION OF TAXATION  
 216.664.2070  
[www.ccatax.ci.cleveland.oh.us](http://www.ccatax.ci.cleveland.oh.us)

**2020**

**Individual Municipal  
 Income Tax Forms**

Tax forms due April 15, 2021

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**

- |                    |                    |                           |                |                 |
|--------------------|--------------------|---------------------------|----------------|-----------------|
| Burton             | Grand River        | New Carlisle              | Orwell         | Shreve          |
| Clayton            | Hamilton           | New Madison               | Paulding       | South Russell   |
| Cleveland          | Highland Hills     | New Miami                 | Phillipsburg   | Union           |
| Dresden            | Linndale           | New Paris                 | Riverside      | Waynesfield     |
| Elida              | Marble Cliff       | North Baltimore           | Rock Creek     | West Alexandria |
| Geneva-on-the-Lake | Mentor-on-the-Lake | North Randall             | Rushsylvania   | West Milton     |
| Germantown         | Montpelier         | Oakwood (Paulding County) | Russells Point |                 |
| Grand Rapids       | Munroe Falls       | Obetz                     | Seville        |                 |

## 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 2020. (This does not include civilians employed by the military or National Guard.)</p> <p>3. <input type="checkbox"/> UNDER 18 FOR THE ENTIRE YEAR 2020.<br/>*see reverse for exceptions</p> | <p>4. <input type="checkbox"/> NO EARNED INCOME FOR THE ENTIRE YEAR 2020. (Public Assistance, Unemployment, SSI, etc.)</p> <p>5. <input type="checkbox"/> BUSINESS CLOSED OR RENTAL PROPERTY SOLD prior to 1/1/20.</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

### 2020 EXEMPTION CERTIFICATE

**SHOW NAME OR ADDRESS CHANGES ON REVERSE.**

Name	Social Security No.
Name of spouse if joint return	- -
Current address <span style="float: right;">Apt. #</span>	- -
City <span style="float: right;">State</span> <span style="float: right;">Zip</span>	

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 2020. (This does not include civilians employed by the military or National Guard.)</p> <p>3. <input type="checkbox"/> UNDER 18 FOR THE ENTIRE YEAR 2020.<br/>*see reverse for exceptions</p> | <p>4. <input type="checkbox"/> NO EARNED INCOME FOR THE ENTIRE YEAR 2020. (Public Assistance, Unemployment, SSI, etc.)</p> <p>5. <input type="checkbox"/> BUSINESS CLOSED OR RENTAL PROPERTY SOLD prior to 1/1/20.</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, 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 <span style="float: right;">Apt. #</span>	Move In /
City <span style="float: right;">State</span> <span style="float: right;">Zip</span>	Move Out /



2020-City Tax Form — Due April 15, 2021

90% payment due January 15, 2021 to avoid penalty and interest (see ordinance)

CCA – DIVISION OF TAXATION

216.664.2070 • 800.223.6317

www.ccatax.ci.cleveland.oh.us

Refund

Amended

Individual

Joint

Extension Attached

CCA FORM 120-16-IR

PRINT OR TYPE

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

TAXABLE INCOME table with columns: 1. Employ 's Name, CITY, INCOME; 2. Total Wages; 3. Business Income; 4. Rental Income; 5. K-1 Income; 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 RED 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 2020 table with columns: COLUMN 1 Work City Name, COLUMN 2 Taxable Income, COLUMN 3 Work City Tax Rate, COLUMN 4 Tax Due, COLUMN 5 Less: Tax Withheld, COLUMN 6 Less: Prior Year Credit, COLUMN 7 Less: Tax Paid On Employment Tax Estimate, COLUMN 8 Tax Due CCA

SECTION A-1 Employment / Profit Tax Estimate For 2021 (See instructions) – must be completed to receive 2021 Estimated Bills table with columns: COLUMN 9 Work City, COLUMN 10 Estimated Tax Due, COLUMN 11 2020 Credit, COLUMN 12 Balance, COLUMN 13 Payment Due

SECTION B Residence Tax 2020 (Refer to Schedule R Worksheet on Reverse of Form Before Proceeding to Line 14) table with columns: COLUMN 14 Residence City, COLUMN 15 Taxable Income, COLUMN 16 Tax Due Schedule R, COLUMN 17 Less: Residence Tax Withheld, COLUMN 18 Less: Prior Year Credit, COLUMN 19 Less: Tax Paid On Residence Tax Estimate, COLUMN 20 Tax Due CCA

SECTION B-1 Residence Tax Estimate for 2021 (See instructions) – must be completed to receive 2021 Estimated Bills table with columns: COLUMN 21 Residence City, COLUMN 22 Estimated Residence Tax, COLUMN 23 2020 Credit, COLUMN 24 Balance, COLUMN 25 Payment Due

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

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		Taxpayer's Social Security No.
Cardholder's name		- -
Cardholder's address	Apt. #	
City	State	Zip

ACCOUNT NUMBER

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

TOTAL AMOUNT CHARGED \$ \_\_\_\_\_

V CODE

--	--	--

EXPIRATION DATE

MO.		YR.	

\_\_\_\_\_  
CARDHOLDER'S AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE



<b>SCHEDULE R WORKSHEET - DO NOT INCLUDE INCOME REPORTED ON THE CCA RESIDENT BUSINESS / RENTAL INCOME WORKSHEET</b>				
<b>COLUMN 1 WORK CITY</b>	<b>COLUMN 2 TAXABLE INCOME</b>	<b>COLUMN 3 RESIDENCE CITY</b>	<b>COLUMN 4 SCHEDULE R TAX RATE FROM ABOVE</b>	<b>COLUMN 5 RESIDENCE TAX DUE COLUMN 2 TIMES COLUMN 4</b>
			%	
			%	
			%	
**				
<b>TOTALS</b>				
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.