

2005

REGIONAL INCOME TAX AGENCY
INDIVIDUAL INCOME TAX RETURN
P.O. Box 94652, Cleveland, Ohio 44101-4652

FORM 37B

IF YOU ARE EXEMPT FROM FILING, CHECK THIS BOX AND FILL OUT THE DECLARATION OF EXEMPTION ON THE BACK OF THIS FORM.
IF THIS IS AN AMENDED RETURN, CHECK THIS BOX AND INDICATE THE TAX YEAR TO BE AMENDED

CONTACT US: CLEVELAND LOCAL: (440) 526-0900
COLUMBUS LOCAL: (614) 538-0512
YOUNGSTOWN LOCAL: (330) 743-3400
TDD: (440) 526-5332
TOLL FREE: (800) 860-7482
OBTAIN FORMS AT WWW.RITA.OHIO.COM

Form fields for Social Security Number, Spouse's Social Security Number, Filing Status (Single, Joint), Refund/Credit, and Address information.



Table with 6 columns: COLUMN A (Municipality), COLUMN B (Wages), COLUMN C (Tax Rate), COLUMN D (Wages x Rate), COLUMN E (Local/City Tax), COLUMN F (Lesser of D or E). Includes Section A Totals and T-1/T-2 labels.

Note: If you want RITA to calculate your tax liability, sign the form and attach your W-2(s). e-File at www.ritaohio.com

Section B: 13 numbered lines for calculating tax liability, including wages, credits, and estimated payments.

MAKE CHECK OR MONEY ORDER PAYABLE TO R.I.T.A. AND MAIL TO: REGIONAL INCOME TAX AGENCY, P.O. BOX 94652, CLEVELAND, OH 44101-4652

Signature and Date lines for Taxpayer, Spouse, and Preparer.

THE ABOVE SIGNED DECLARES THAT THIS RETURN IS TRUE, CORRECT AND COMPLETE FOR THE TAX YEAR 2005.



37B105B

## DECLARATION OF EXEMPTION

### I AM NOT REPORTING TAXABLE INCOME BECAUSE:

1. I had NO TAXABLE INCOME for the entire tax year of 2005 (Attach a copy of page 1 of your 2005 Federal Form 1040 EZ, 1040 A, or 1040)

2. I was a member of the ARMED FORCES of the United States and had no other taxable income for all of tax year 2005

3. I was under 18 years of age for the entire tax year of 2005

DATE OF BIRTH

<input type="text"/>	<input type="text"/>	<input type="text"/>
MO.	DAY	YR.

(Attach a copy of birth certificate or driver's license. For exceptions, see special notes on page 4)

4. I am a RETIRED individual receiving only pension, social security, interest or dividend income for all of 2005

RETIREMENT DATE

<input type="text"/>	<input type="text"/>	<input type="text"/>
MO.	DAY	YR.

(Attach a copy of page 1 of your 2005 Federal return, 1099-R or statement of Social Security Earnings)

5. Prior to January 1, 2005, I moved from a RITA municipality

DATE OF MOVE

<input type="text"/>	<input type="text"/>	<input type="text"/>
MO.	DAY	YR.

Present Address \_\_\_\_\_  
Address City State Zip Code

Previous Address \_\_\_\_\_  
Address City State Zip Code

DATE OF DEATH

<input type="text"/>	<input type="text"/>	<input type="text"/>
MO.	DAY	YR.

6. Taxpayer is DECEASED

7. I am FILING JOINTLY with my spouse

\_\_\_\_\_  
SPOUSE'S NAME

\_\_\_\_\_  
SPOUSE'S SOCIAL SECURITY NUMBER

## SPECIAL NOTES:

### REYNOLDSBURG

- Income of the mentally retarded or developmentally disabled while working for less than minimum wage is exempt

### YOUNGSTOWN

- Under 18 years of age exemption does not apply