



VILLAGE OF MONROEVILLE  
21 N MAIN ST. ~ P.O. BOX 156  
MONROEVILLE, OH. 44847

Ph: 419-465-4443 ~ Fax: 419-465-2259

[www.RitaOhio.com](http://www.RitaOhio.com)/[www.MonroevilleOhio.com](http://www.MonroevilleOhio.com) /[IncomeTax@monroevilleohio.com](mailto:IncomeTax@monroevilleohio.com)

**Note:** The Village of Monroeville has a mandatory filing requirement which means that all residents of the Village of Monroeville 16 years of age and older must file an income tax return with RITA (Regional Income Tax Agency) on an annual basis. Visit [www.RitaOhio.com](http://www.RitaOhio.com) to access Fast File, MyAccount and tax forms.

**Taxpayer:** \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ DL#: \_\_\_\_\_

**Spouse:** \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ DL#: \_\_\_\_\_

**Other:** \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ DL#: \_\_\_\_\_

New Address: \_\_\_\_\_ City/ST/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**Date Moved to Current Address:** \_\_\_\_\_ **Prior Address:** \_\_\_\_\_

**Taxpayer Employer:** \_\_\_\_\_

Employer Address: \_\_\_\_\_

Date began employment: \_\_\_\_\_ Date terminated employment: \_\_\_\_\_

Does your employer withhold city tax?  Yes  No If yes, for what city? \_\_\_\_\_

**Spouse Employer:** \_\_\_\_\_

Employer address: \_\_\_\_\_

Date began employment: \_\_\_\_\_ Date terminated employment: \_\_\_\_\_

Does your employer withhold city tax?  Yes  No If yes, for what city? \_\_\_\_\_

**Other Employer:** \_\_\_\_\_

Employer address: \_\_\_\_\_

Date began employment: \_\_\_\_\_ Date terminated employment: \_\_\_\_\_

Does your employer withhold city tax?  Yes  No If yes, for what city? \_\_\_\_\_

**Are you self-employed? If yes, please complete the following:**

Business Name/Type of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_ Date business started: \_\_\_\_\_

Do you have employees?  Yes  No If yes, Federal ID Number: \_\_\_\_\_

**Do you own rental property? IF YES, attach separate sheet providing a full listing of all rental properties.**

Do you have income from other sources, such as partnerships, estates, trusts, Form(s) 1099-Misc., etc.?

If yes, please explain:

**Other members in your household 16 years of age and older:**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ DL#: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ DL#: \_\_\_\_\_

Are you eligible to file for an exemption from the Village of Monroeville's mandatory filing requirements?

If yes, please explain:

**Taxpayer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Spouse Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Other Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_