



CENTRAL COLLECTION AGENCY
 DIVISION OF TAXATION
 205 W SAINT CLAIR AVE
 CLEVELAND OH 44113-1503
 (216) 664-2070 (800) 223-6317
 www.ccatax.ci.cleveland.oh.us

2009

**Individual Municipal
 Income Tax Forms**

Tax forms due April 15, 2010

eFile with CCA at www.ccatax.ci.cleveland.oh.us

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

**If you have no taxable income complete and file the Exemption Certificate below.
 If you have taxable income complete and file the City Tax Form. See instruction booklet.**

CCA MEMBER COMMUNITIES

- | | | | | |
|-----------|--------------------|--------------------|---------------------------|-------------------|
| Ada | Cleveland | Liberty Center | North Perry | Russells Point |
| Alger | Cridersville | Linndale | North Randall | Seville |
| Antwerp | Elida | Madison Village | Norton | South Russell |
| Barberton | Gates Mills | Medina | Oakwood (Paulding County) | Timberlake |
| Bradner | Geneva-on-the-Lake | Mentor-on-the-Lake | Orwell | Wadsworth |
| Bratenahl | Grand Rapids | Middlefield | Painesville | Warrensville Hts. |
| Burton | Grand River | Munroe Falls | Paulding | Waynesfield |
| Cairo | Highland Hills | Northfield Village | Peninsula | |
| Chardon | Huntsville | North Baltimore | Rocky River | |

EXEMPTION CERTIFICATE

I AM REQUIRED TO FILE THIS FORM SINCE I LIVE IN A MANDATORY FILING CITY. I AM NOT REQUIRED TO PAY CITY INCOME TAX BECAUSE:

1. RETIRED, received only pension, Social Security, interest or dividend income
2. AN ACTIVE MEMBER OF THE ARMED FORCES OF THE UNITED STATES FOR THE ENTIRE YEAR 2009. (This does not include civilians employed by the military or National Guard.)
3. UNDER 18 FOR THE ENTIRE YEAR 2009.
4. NO EARNED INCOME FOR THE ENTIRE YEAR 2009. (Public Assistance, Unemployment, SSI, etc.)
5. BUSINESS CLOSED OR RENTAL PROPERTY SOLD ____ / ____ / ____ (date)

*see reverse for exceptions

KEEP TOP PORTION FOR YOUR RECORDS

If you have qualified and completed the Exemption Certificate, detach ▼ here and return in the envelope provided.

 CCA MUNICIPAL INCOME TAX
205 W SAINT CLAIR AVE
CLEVELAND OH 44113-1503

2009 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 AM REQUIRED TO FILE THIS FORM SINCE I LIVE IN A MANDATORY FILING CITY. I AM NOT REQUIRED TO PAY CITY INCOME TAX BECAUSE:

1. RETIRED, received only pension, Social Security, Interest or Dividend Income
2. AN ACTIVE MEMBER OF THE ARMED FORCES OF THE UNITED STATES FOR THE ENTIRE YEAR 2009. (This does not include civilians employed by the military or National Guard.)
3. UNDER 18 FOR THE ENTIRE YEAR 2009.
*see reverse for exceptions
4. NO EARNED INCOME FOR THE ENTIRE YEAR 2009. (Public Assistance, Unemployment, SSI, etc.)
5. BUSINESS CLOSED OR RENTAL PROPERTY SOLD ____ / ____ / ____ (date)

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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*All individuals who are 18 years of age and older are subject to local income tax.
 Note: Geneva On The Lake uses 15 as a minimum age. Grand River, Medina and Painesville use 16 as the minimum age.

Chardon and Middlefield allow full time students exclusion of the first \$3,000.00 of income.

To request a refund you must complete a Refund Request Form or the City Tax Form.

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
		/ /

2009-City Tax Form — Due April 15, 2010

90% payment due January 31, 2010
to avoid penalty and interest (see ordinance)



CCA-MUNICIPAL INCOME TAX

205 W SAINT CLAIR AVE
CLEVELAND OH 44113-1503
Phone: (216) 664-2070 Toll Free 1-800-223-6317
www.ccatax.ci.cleveland.oh.us

EST. TAX PAID AS OF 11/30/09 CREDIT 4TH QUARTER

Individual Joint Extension Attached

TAXABLE INCOME

Name	CCA FORM 120-16-IR	1. Employer's Name	CITY	INCOME
Name of spouse if joint return	Social Security No.	a.		
Current address Apt. #	— —	b.		
City, State, Zip	Move In / /	c.		
	Move Out / /	d.		
IF MOVED DURING THE YEAR SHOW CHANGES BELOW		2. Total Wages (Attach W-2's or 1099's)		
		3. Less Allowable 2106 Expenses (Attach Fed. 2106 & Schedule A)		
		4. Net Taxable Wages (Line 2 less Line 3)		
		5. Business Income (Attach Schedule C)		
		6. Rental Income (Attach Schedule E)		
		7. K-1 Income (Attach Schedule E & K-1)		
		8. 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 2009

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 Or Paid Other Cities	COLUMN 6 Less: Prior Year Credit	COLUMN 7 Less: Tax Paid On Employment Tax Estimate	COLUMN 8 Tax Due CCA
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.		A	Enter amount to be credited to 2010 here and in Column 11	CREDIT	B	Enter amount to be refunded here	REFUND

SECTION A-1 Employment / Profit Tax Estimate For 2010 (See instructions) — must be completed to receive 2010 Estimated Bills

LINE	COLUMN 9 Work City	COLUMN 10 Estimated Tax Due	COLUMN 11 2009 Credit (From Col. 8 only)	COLUMN 12 Balance (Col. 10 Less Col. 11)	COLUMN 13 Payment Due (¼ of Col. 10 less Col. 11)
12					
13	Total Each Column				

SECTION B Residence Tax 2009 (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	
14								
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.		A	Enter amount to be credited to 2010 here and in Column 23	CREDIT	B	Enter amount to be refunded here	REFUND

SECTION B-1 Residence Tax Estimate for 2010 (See instructions) — must be completed to receive 2010 Estimated Bills

LINE	COLUMN 21 Residence City	COLUMN 22 Estimated Residence Tax	COLUMN 23 2009 Credit (From Col. 20 only)	COLUMN 24 Balance (Col. 22 Less Col. 23)	COLUMN 25 Payment Due (¼ of Col. 22 less Col. 23)
17					
18	Total Each Column				
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.				

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.



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

CHECK ONE VISA MASTERCARD DISCOVER AMERICAN EXPRESS

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

ACCOUNT NUMBER

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

EXPIRATION DATE

--	--	--	--

V CODE

--	--	--

(Refer to Back of Card)

CARDHOLDERS AUTHORIZED SIGNATURE

DATE / /

TOTAL AMOUNT CHARGED \$ _____

SCHEDULE R

CCA MEMBER COMMUNITY		ADJUSTED RESIDENCE CITY PERCENTAGE RATES (FIND YOUR WORK CITY RATE IN THE SHADED AREA BELOW)												
TAX % RATE	MUNICIPALITY	WORK CITY NO TAX WITHHELD	WORK CITY .5%	WORK CITY .75%	WORK CITY 1%	WORK CITY 1.25%	WORK CITY 1.3%	WORK CITY 1.5%	WORK CITY 1.75%	WORK CITY 2%	WORK CITY 2.25%	WORK CITY 2.5%	WORK CITY 2.6%	WORK CITY 2.75%
1.15	Ada	1.15	.65	.40	.15	0	0	0	0	0	0	0	0	0
1	Alger	1	.50	.25	0	0	0	0	0	0	0	0	0	0
1	Antwerp	1	.75	.63	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50
2	Barberton	2	1.5	1.25	1	.75	.70	.50	.25	0	0	0	0	0
1	Bradner	1	.75	.63	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50
1.5	Bratenahl	1.5	1.25	1.13	1	.88	.85	.75	.75	.75	.75	.75	.75	.75
1	Burton	1	.75	.63	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50
.50	Cairo	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50
2	Chardon	2	1.75	1.63	1.5	1.38	1.35	1.25	1.13	1	1	1	1	1
2	Cleveland	2	1.75	1.63	1.5	1.38	1.35	1.25	1.13	1	1	1	1	1
1	Cridersville	1	.88	.81	.75	.75	.75	.75	.75	.75	.75	.75	.75	.75
.75	Elida	.75	.75	.75	.75	.75	.75	.75	.75	.75	.75	.75	.75	.75
1	Gates Mills	1	.75	.63	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50
1	Geneva-on-the-Lake	1	.75	.63	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50
1	Grand Rapids	1	.75	.63	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50
2	Grand River	2	1.5	1.25	1	.75	.70	.50	.25	0	0	0	0	0
2.5	Highland Hills	2.5	2	1.75	1.5	1.25	1.2	1	.75	.50	.25	0	0	0
1	Huntsville	1	.50	.25	0	0	0	0	0	0	0	0	0	0
1	Liberty Center	1	.50	.25	0	0	0	0	0	0	0	0	0	0
2	Linndale	2	1.5	1.25	1	.75	.70	.50	.25	0	0	0	0	0
1	Madison Village	1	1	1	1	1	1	1	1	1	1	1	1	1
1.25	Medina	1.25	1.06	1.06	1.06	1.06	1.06	1.06	1.06	1.06	1.06	1.06	1.06	1.06
2	Mentor-on-the-Lake	2	1.5	1.25	1	.75	.70	.50	.25	0	0	0	0	0
1	Middlefield	1	1	1	1	1	1	1	1	1	1	1	1	1
2	Munroe Falls	2	1.5	1.25	1	.75	.70	.50	.25	0	0	0	0	0
2	Northfield Village	2	1.5	1.25	1	.75	.70	.50	.25	0	0	0	0	0
1	North Baltimore	1	.50	.25	0	0	0	0	0	0	0	0	0	0
1	North Perry Village	1	.50	.25	0	0	0	0	0	0	0	0	0	0
2.75	North Randall	2.75	2.25	2	1.75	1.5	1.45	1.25	1	.75	.50	.25	.15	0
2	Norton (2009)	2	1.5	1.25	1	.75	.70	.50	.25	.25	.25	.25	.25	.25
2	Norton (2010)	2	1.5	1.25	1	.75	.70	.50	.50	.50	.50	.50	.50	.50
1	Oakwood (Paulding County)	1	.50	.25	0	0	0	0	0	0	0	0	0	0
1	Orwell	1	.50	.25	0	0	0	0	0	0	0	0	0	0
2	Painesville	2	1.5	1.25	1	.75	.70	.50	.25	0	0	0	0	0
.50	Paulding	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50
1	Peninsula	1	.75	.63	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50
1.5	Rocky River	1.5	1	.75	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50
1	Russells Point	1	1	1	1	1	1	1	1	1	1	1	1	1
1	Seville	1	1	1	1	1	1	1	1	1	1	1	1	1
1	South Russell	1	.63	.44	.25	.25	.25	.25	.25	.25	.25	.25	.25	.25
1	Timberlake	1	.75	.63	.50	.50	.50	.50	.50	.50	.50	.50	.50	.50
1.3	Wadsworth	1.3	.80	.55	.30	.30	.30	.30	.30	.30	.30	.30	.30	.30
2.3	Warensville Hts. (2009)	2.3	2.05	1.93	1.8	1.68	1.65	1.55	1.43	1.3	1.18	1.15	1.15	1.15
2.6	Warensville Hts. (2010)	2.6	2.35	2.23	2.10	1.98	1.95	1.85	1.73	1.6	1.48	1.35	1.3	1.3
1	Waynesfield	1	.50	.25	0	0	0	0	0	0	0	0	0	0

SCHEDULE R 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

- 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. If the work rate is greater than 2.75% use the column for 2.75%.
 - (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.

