



CITY OF DUBLIN, OHIO
DIVISION OF TAXATION
Telephone (614) 410-4433
Toll Free (888) 490-8154
Fax (614) 923-5520

DECLARATION OF EXEMPTION BUSINESS ONLY

THIS EXEMPTION FORM MAY NOT BE USED BY INDIVIDUALS WHO LIVE IN THE CITY OF DUBLIN OR THOSE INDIVIDUALS REQUIRED TO FILE A CITY OF DUBLIN INCOME TAX RETURN.

FID# _____

COMPANY NAME _____

LOCAL DUBLIN ADDRESS _____

CITY _____ STATE _____ Zip Code _____

PHONE NUMBER (_____) _____ FAX (_____) _____

CHECK THE APPROPRIATE LINE

1. No business was conducted in the City of Dublin in any part of the requested tax year.
2. The Company is a courtesy withholding account only.
3. Operations ceased in the City of Dublin on (give date) _____
4. Other _____

PRINTED NAME _____

TITLE _____

SIGNATURE _____

CORPORATE ADDRESS (IF DIFFERENT FROM LOCAL ADDRESS) _____

PHONE NUMBER _____

DATE _____

**RETURN EXEMPTION FORM TO:
CITY OF DUBLIN PO BOX 9062 DUBLIN, OH 43017-0962**