



**CITY OF DUBLIN, OHIO**  
**DIVISION OF TAXATION**  
Telephone (614) 410-4433  
Toll Free (888) 490-8154  
Fax (614) 448-9454

# 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 (F DIFFERENT FROM LOCAL ADDRESS) \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

DATE \_\_\_\_\_

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