CITY OF DUBLIN, OHIO
DIVISION OF TAXATION
Telephone (614) 410-4449
Toll Free (888) 490-8154
Fax (614) 923-5520

DECLARATION OF EXEMPTION

City of Dublin

(* sections must be completed)

This exemption form may not be used by those engaged in business, including those receiving self-employment or rental income within the City of Dublin

* LAST NAME	FIRST NAME	INITIAL	SOCIAL SECURITY NUMBER
* SPOUSE'S FIRST NAME	INITIAL		SPOUSE'S SOCIAL SECURITY NUMBER

* PRESENT ADDRESS #	STREET	APT
* CITY	STATE	ZIP

(See instructions on reverse)

1. ☐ I was UNDER 18 years of age for the entire year.
(Attach documentation) ..... **DATE OF BIRTH:** MO DAY YR

2. ☐ I am a retired person receiving only pension income
or other non-taxable income for the year. ..... **DATE RETIRED:** MO DAY YR

3. ☐ I did not reside in the City of Dublin for
any part of the year(s) _____ ..... **DATE OF MOVE IN:** MO DAY YR

DATE OF MOVE OUT: MO DAY YR

4. ☐ Taxpayer is DECEASED. ..... **DATE OF DEATH:** MO DAY YR

5. ☐ I had no TAXABLE INCOME for the entire year of _____

Income Source _____
(Social Security, Welfare, Unemployment, etc.)* see instructions (Current Year Exempt Only)

6. ☐ I was a member of the ARMED FORCES, including the National Guard, of the UNITED STATES for the entire year. (This does not include civilians employed by the military). (Current Year Exempt Only)

7. ☐ I am residing in Dublin temporarily. I am domiciled in _____
(Supporting documentation must be included)

I hereby declare the information supplied above to be true, correct and complete.

* SIGNATURE _____ DATE _____

SPOUSE'S SIGNATURE _____ DATE _____

* PHONE _____

Mail completed form to:

City of Dublin
Division of Taxation
P.O. Box 9062
Dublin, OH 43017-0962

DX-1

City of Dublin

INSTRUCTIONS FOR FORM DX-1

If you were a wage-earner, were self-employed, owned rental property, or derived any other city taxable income, you are not exempt from the annual filing requirement and may not use this form

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EXEMPTION #1 If you were under the age of eighteen (18) for the entire year in question, indicate so by filling in your date of birth. This exemption may be accompanied by proof of age (e.g. a photocopy of a birth certificate or driver's license).

Minors (under 18)
If your child has received this registration, please fill in Name and Date of Birth so that we get this information noted to avoid future requests.

EXEMPTION #2 If you were retired for the entire year in question, receiving only pension income, and do not anticipate deriving any city taxable income, indicate so by filling in the date of your retirement. Those individuals of or near retirement age who received only city nontaxable income (e.g. interest, dividends) may also claim this exemption by filling in the date that the individual discontinued earning city taxable income.

EXEMPTION #3 If the taxpayer did not reside in the City of Dublin for which the exemption is being claimed at all during the year in question, indicate so by filling in the date the taxpayer moved in or out of the municipality. **COLLEGE STUDENTS ARE NOT EXEMPT FROM FILING**. A majority of students are living at their respective colleges during the school year; however, their domicile (legal residence) is their parent's home.

EXEMPTION #4 If the taxpayer in question is deceased, the executor of the taxpayer's estate should indicate the taxpayer's date of death.

EXEMPTION #5 If the taxpayer is not retired but did not receive any city taxable income for the year in question, indicate so by checking Box 5 and describing the nature of the income in the space provided. This exemption is for one year only and Form DX-1 must be completed for each subsequent applicable year.

Non-taxable income includes military pay, reserve pay, income earned while under age 18, alimony, capital gains/losses, interest, dividends, social security benefits, welfare payments, annuities at the time of distribution, pension income, royalties derived from intangible property and income which the City is specifically prohibited from taxing.

EXEMPTION #6 If the taxpayer was an active member of the U.S. Armed Forces for the entire year in question, indicate so by checking Box 6. This exemption is for one year only and Form DX-1 must be completed for each subsequent applicable year.

EXEMPTION #7 If the taxpayer is domiciled in another state, supporting documentation (i.e., state tax return, statement of employment, etc.) must be included.

In all cases where the taxpayer is eligible for exemption, the taxpayer should provide his/her social security number, name, address and phone number.

THE EXEMPTION FORM IS NOT VALID AND WILL NOT BE PROCESSED WITHOUT THE TAXPAYER'S SIGNATURE.

Completed forms should be directed to:

City of Dublin
Division of Taxation
P.O. Box 9062
Dublin, OH 43017-0962