

CITY OF DUBLIN, OHIO DIVISION OF TAXATION PO BOX 9062 DUBLIN, OH 43016-0962 Telephone: (614) 410-4460 Toll Free: (888) 490-8154 FAX: (614) 410-4956

CITY OF DUBLIN CHANGE OF ADDRESS

PART 1 - CHANGE YOUR HOME MAILING ADDRESS

ndividual incom	e tax returns				
f your last return	was a joint return and you are now estab	lishing a residence se	parate from the spouse with v	hom you filed that return, check	here ► [
/our name (first r	name, middle initial and last name)			Your Social Security Number	
Spouse's name (first name, middle initial and last name)			Spouse's Social Security Num	nber
Prior name(s)					
Did address (nun	nber, street, city or town, state and zip co	ode)		Apt. No.	
lew address (nu	mber, street, city or town, state and zip o	code)		Apt. No.	
Pate of move					
PART 2 - 0	CHANGE YOUR BUSINESS	MAILING ADI	DRESS OR BUSINE	SS LOCATION	
Check all boxes t	nis change affects: Business net pr	ofit returns 🔲 Em	ployer withholding returns	☐ Business location	
Business name				EIN/FID Number	
Old mailing addr	ess (number, street, city or town, state ar	nd zip code)		Room or Suite No.	
lew mailing add	ress (number, street, city or town, state a	and zip code)		Room or Suite No.	
New Telephone N	No.			New Fax No.	
PART 3 – 3	SIGNATURE				
	Daytime telephone number of person	to contact (optional)			
Sign Here	Your signature	Date	If Part 2 completed, sign	ature of owner, officer or representative C	Date
	If joint return, spouse's signature	Date	Print Name and Tit	le	
	▶	.	>		