



CITY OF DUBLIN INDIVIDUAL REGISTRATION

We have been notified you are a Dublin resident.

City Ordinance 134-87 requires all residents to register with the Division of Taxation and to file a City tax return each year by April.

The information requested on this form is essential to the establishment of your account and will be held in strictest confidence. Please complete and return this form to the City of Dublin Division of Taxation. The form can be mailed to P.O. Box 9062, Dublin OH 43017-0962. You may also fax it to 614-410-4956. If you have any questions, contact our office at 614-410-4460.

Today's Date: _____

Date moved into Dublin: _____

Name _____ Social Security #/ITIN _____

Spouse _____ Social Security #/ITIN _____

Address _____ City DUBLIN State OH Zip _____

Phone _____ Email _____

PLEASE LIST ALL OTHER OCCUPANTS IN THE RESIDENCE OVER THE AGE OF 17

Name _____ Social Security #/ITIN _____

Name _____ Social Security #/ITIN _____

Name _____ Social Security #/ITIN _____

FILING STATUS CHANGE

If you did not previously have a filing requirement and your status has changed, you will need to file a return with our office. Please indicate the reason for the change below so an account can be set up for you.

PLEASE CHECK THE APPROPRIATE BOX:

18 or over; registering for individual tax account

DOB: _____

Purchased rental property, Federal Schedule E

Started a sole-proprietor business, Federal Schedule C

Engaged in a partnership, Federal Schedule K1

EXEMPTION

If you feel you are not required to a file a return, please provide an explanation.

PLEASE CHECK THE APPROPRIATE BOX:

Retired person receiving only pension income or other non-taxable income

Date Retired: _____

No taxable income Source of Income: _____

DO YOU RENT

No

Yes, if yes, please provide landlord's information

Landlord's Name: _____

Address _____