

CITY OF DUBLIN, OHIO DIVISION OF TAXATION PO Box 9062 Dublin OH 43017-0962 Telephone (614) 410-4449 Toll Free (888) 490-8154 Fax (614) 923-5520

CITY OF DUBLIN CHANGE OF ADDRESS

PART 1 - CHANGE YOUR HOME MAILING ADDRESS

Individual income	tax returns				
If your last return	was a joint return and you are now establishing a resid	ence separate fr	om the spouse with w	hom you filed that return, check h	ere 🕨 🗌
Your 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 Numb	per
Prior name(s)					
Old address (nun	nber, street, city or town, state and zip code)			Apt. No.	
New address (nu	mber, street, city or town, state and zip code)			Apt. No.	
Date of move					
PART 2 –	CHANGE YOUR BUSINESS MAILING	G ADDRES	S OR BUSINES	SS LOCATION	
Check all boxes to	his change affects: Business net profit returns	☐ Employer v	withholding returns	☐ Business location	
Business name				EIN/FID Number	
Old mailing addr	ess (number, street, city or town, state and zip code)			Room or Suite No.	
New mailing add	ress (number, street, city or town, state and zip code)			Room or Suite No.	
New Telephone I	No.			New Fax No.	
PART 3 – 3	SIGNATURE				
	Daytime telephone number of person to contact (op	tional)			
Sign Here	Your signature Date		If Part 2 completed, signa	ture of owner, officer or representative Da	ate
	<u> </u>		•		
	If joint return, spouse's signature Date		Print Name and Titl	e	
	>		•		

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Reset Form

Print