



City of Lorain
Income Tax Department
605 West 4th Street Lorain, OH 44052
Phone (440) 204-1002 Fax (440) 204-1006

Terri Soto-Treasurer

DECLARATION OF DOMICILE

Name: _____ SS # _____

Address in City of Lorain _____

Lorain Codified Ordinance 192.01 (24) defines "Non-resident" as an individual that is not a resident of the Municipality. For purposes of municipal, state and federal levels of income taxation, "domicile" is primarily defined as a principal residence that the taxpayer intends to use for an indefinite time and to which whenever he is absent he intends to return. A taxpayer may have more than one residence but not more than one domicile.

I, _____ declare that I am temporarily residing or own property in the City of Lorain at the address shown above, have read the preceding definition and am declaring my domicile to be:

_____ Street address City, State, Zip Code

I am residing at the City of Lorain address due to the following circumstances:

If applicable, my employer is _____ and I perform work at the following location:

_____ Street address City, State, Zip Code

I am enclosing copies of as many of the following documents as possible to support my Declaration of Domicile:

- | | |
|--|---|
| <input type="checkbox"/> Driver's license and vehicle registration | <input type="checkbox"/> Federal or State income tax return (front page only) |
| <input type="checkbox"/> Voter registration card | <input type="checkbox"/> Property tax bill for residence of domicile |
| <input type="checkbox"/> Form DD 2058 (State of Legal Residence) | <input type="checkbox"/> Military ID card or Spousal Military ID card |

Other forms of proof may be produced to identify your domicile. For a complete list see 192.08 in the Lorain Codified Ordinance.

I DECLARE THIS STATEMENT TO BE TRUE, CORRECT, AND COMPLETE AND WILL NOTIFY THE LORAIN INCOME TAX DEPARTMENT IMMEDIATELY OF ANY CHANGES TO MY DOMICILE.

Signature: _____

Date: _____