

**INDIVIDUAL
INCOME TAX RETURN**

CITY OF DUBLIN



year
OR

Fiscal Period _____ **to** _____

CALENDAR YEAR TAXPAYERS FILE ON OR BEFORE APRIL 15.
FISCAL YEARS FILE BY 15TH DAY OF THE FOURTH MONTH AFTER THE CLOSE OF THE PERIOD. **FORM D-1040**

File with the City of Dublin
Division of Taxation
P.O. Box 3550
Dublin, Ohio 43016-0274
Telephone V/TDD (614) 410-4400
Telephone (614) 410-4460
Fax (614) 923-5520

Make Checks and Money Orders
Payable to
City of Dublin

FORMS AVAILABLE ON INTERNET AT www.dublin.oh.us
PROVIDE NAME AND ADDRESS IN SPACE BELOW

Your social security number _____
Spouse's social security number _____

Resident Date moved into Dublin _____
Non Resident
Sole Proprietor Date moved out of Dublin _____

FILING STATUS

1 Single City of Residence _____ City of Employment _____
2 Married filing joint return (even if only one had income). Did you file a joint or separate return last year? Joint Separate
3 Married filing separate return. Enter spouse's social security number above and full name here. ▶ _____

ALL APPROPRIATE W-2'S, FEDERAL SCHEDULES, EXPLANATIONS MUST BE ATTACHED

INCOME	1. Total W-2 wages. For multiple W-2's, complete worksheet A on reverse	1	\$
	2. 2106 Expenses. Complete worksheet A on reverse. See instructions. MUST BE ATTACHED	2	\$
	3. TAXABLE WAGES. SUBTRACT LINE 2 FROM LINE 1	3	\$
	4. Other income. From schedule C, E or O on reverse. MUST BE ATTACHED	4	\$
	5. TOTAL INCOME. ADD LINES 3 AND 4	5	\$
	6. Adjustments. From schedule X on reverse	6	\$
	7. DUBLIN TAXABLE INCOME. SUBTRACT LINE 6 FROM LINE 5	7	\$
TAX	8. DUBLIN INCOME TAX. MULTIPLY LINE 7 BY 2% (.02)	8	\$
TAX WITHHELD, PAYMENTS AND CREDITS	9. Dublin income tax withheld. From W-2 or worksheet A on reverse	9	\$
	10. Prior year credits	10	\$
	11. Estimated payments	11	\$
	12. Credit for taxes withheld to other cities (limit 2%). See instructions	12	\$
	13. Credit for taxes paid to other cities (limit 2%). See instructions	13	\$
	14. TOTAL PAYMENTS AND CREDITS. ADD LINES 9 THROUGH 13	14	\$
	15. BALANCE DUE. If line 8 is more than 14, enter balance due here (No tax due if less than \$1.00).....	15	\$
NOTE: IF ALL INCOME IS FULLY WITHHELD UPON, STOP HERE, SIGN & DATE RETURN, ATTACH W-2'S & MAIL TO THE CITY OF DUBLIN			
BALANCE DUE, REFUND OR CREDIT	16. Penalty. 10% of balance due, if applicable.....	16	\$
	17. Interest. 1 1/2% per month, if applicable.	17	\$
	18. Total due. Carry to line 28 below (No tax due if less than \$1.00).....	18	\$
	19. OVERPAYMENT. If line 8 is less than line 14, enter overpayment here ..	19	\$
	20. AMOUNT FROM LINE 19 TO BE REFUNDED (No refund if less than \$1.00)	20	\$
	21. AMOUNT FROM LINE 19 TO BE CREDITED TO NEXT YEAR.....	21	\$
DECLARATION OF ESTIMATED TAX FOR YEAR _____			
ESTIMATE FOR NEXT YEAR	22. Total income subject to tax \$ _____ Multiply by tax rate of 2% (.02).....	22	\$
	23. Subtract any estimated income tax to be withheld or paid to other cities	23	\$
	24. Balance of city income tax declared. Subtract line 23 from line 22	24	\$
	25. Tax due before credits	25	\$
	26. Less credits. Enter line 21 from above	26	\$
	27. Net estimated tax due. Subtract line 26 from line 25*	27	\$
	28. Enter balance due from line 18 above (No tax due if less than \$1.00)	28	\$
TAX DUE	29. TOTAL TAX DUE. ADD LINES 27 & 28. PLEASE MAKE CHECKS PAYABLE TO CITY OF DUBLIN	29	\$

*First Quarter Estimate should be paid with this return. Use enclosed estimate forms to make 2nd, 3rd and 4th quarter payments.

If this return was prepared by a tax practitioner, check here if we may contact him/her directly with questions regarding the preparation of this return.

The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes.

SIGNATURE OF PREPARER, IF OTHER THAN TAXPAYER

DATE

NAME AND ADDRESS OF PREPARER

TELEPHONE NUMBER

SIGNATURE OF TAXPAYER

DATE

SIGNATURE OF SPOUSE (IF JOINT RETURN)

TELEPHONE NUMBER

FOR TAX DIVISION USE ONLY

ATTACH W-2'S HERE

WORKSHEET A

SALARIES, WAGES, TIPS AND OTHER EMPLOYEE COMPENSATION

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5
CITY WHERE EMPLOYED	INCOME FROM EACH LOCAL W-2	2106 EXPENSES, IF ANY	DUBLIN TAX WITHHELD	*OTHER CITY TAX WITHHELD
A.				
B.				
C.				
D.				
E. TOTALS				

ENTER ON:

PAGE 1 LINE 1

PAGE 1 LINE 2

PAGE 1 LINE 9

PAGE 1 LINE 12

*Income reduced by 2106 and earned in another city must also reduce the tax withheld for that city by the same percentage.

1. SCHEDULE C (If taxes paid to other cities, attach other cities' returns)

Business Name _____ Business Address _____

Kind of Business _____ Date Started _____ Date Ended _____

A. Net Profit or Loss _____ Attach Schedule C(s) B. Percentage Amount Allowable to the Municipality (Attach allocation calculation) _____

C. Amount subject to tax. Multiply A times B. _____ **Total (1) \$** _____

The net loss from an unincorporated business activity may not be used to offset salaries, wages, commissions or other compensation. However, if a taxpayer is engaged in two or more taxable business activities to be included on the same return, the net loss of one unincorporated business activity (except any portion of a loss separately reportable for municipal tax purposes to another taxing entity) may be used to offset the profits of another for purposes of arriving at overall net profits.

2. SCHEDULE E - INCOME FROM RENTS [Attach Federal Schedule E(s)]

KIND AND EXACT LOCATION OF PROPERTY (LOSSES WITHOUT EXACT LOCATION WILL BE DISALLOWED)	NET PROFIT OR (LOSS)	KIND AND EXACT LOCATION OF PROPERTY (LOSSES WITHOUT EXACT LOCATION WILL BE DISALLOWED)	NET PROFIT OR (LOSS)
NAME		NAME	
ADDRESS		ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
NAME		NAME	
ADDRESS		ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	

Please see unincorporated business activity in instructions.

Total (2) \$ _____

3. SCHEDULE 0 - OTHER INCOME NOT INCLUDED IN SCHEDULES C OR E (Attach Federal Schedules)

INCOME FROM PARTNERSHIPS, ESTATES, TRUSTS, FEES, TIPS, LOTTERY, PRIZES, ETC.

RECEIVED FROM NAME/I.D. NUMBER	FOR (DESCRIPTION AND/OR LOCATION) (APPLICABLE LOSSES W/O EXACT LOCATIONS WILL BE DISALLOWED)	AMOUNT
A.		
B.		

Total (3) \$ _____

TOTAL OTHER INCOME (Add lines 1-3) \$ _____

Enter on Page 1, line 4

**SCHEDULE X - ADJUSTMENT TO INCOME (Part year residents, income not subject to tax, miscellaneous income, etc.)
(Attach Federal Schedules)**

EXPLANATION	COLUMN 1	COLUMN 2
	ADDITIONS	DEDUCTIONS
Net adjustment (combine Columns 1 & 2)		

ENTER ON PAGE 1 LINE 6