

**INDIVIDUAL  
INCOME TAX RETURN  
2002  
OR**

**CITY OF DUBLIN**



**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

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Make Checks and Money Orders  
Payable to  
City of Dublin

FORMS AVAILABLE ON INTERNET AT [www.dublin.oh.us](http://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**

<b>INCOME</b>	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. <b>MUST BE ATTACHED</b> .....	2	\$	
	3. TAXABLE WAGES. SUBTRACT LINE 2 FROM LINE 1 .....	3	\$	
	4. Other income. From schedule C, E or O on reverse. <b>MUST BE ATTACHED</b> .....	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	\$	
	<b>TAX</b>	8. DUBLIN INCOME TAX. MULTIPLY LINE 7 BY 2% (.02) .....	8	\$
	<b>TAX WITHHELD, PAYMENTS AND CREDITS</b>	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. <b>BALANCE DUE.</b> If line 8 is more than 14, enter balance due here (No tax due if less than \$1.00).....	15	\$
	<b>NOTE: IF ALL INCOME IS FULLY WITHHELD UPON, STOP HERE, SIGN &amp; DATE RETURN, ATTACH W-2'S &amp; MAIL TO THE CITY OF DUBLIN</b>			
	<b>BALANCE DUE, REFUND OR CREDIT</b>	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. <b>OVERPAYMENT.</b> 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	\$	
<b>DECLARATION OF ESTIMATED TAX FOR 2003</b>				
<b>ESTIMATE FOR NEXT YEAR</b>	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	\$	
	<b>TAX DUE</b>	28. Enter balance due from line 18 above (No tax due if less than \$1.00) .....	28	\$
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.				
<b>E. TOTALS</b>				

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