

File with the City of Dublin  
Division of Taxation  
P.O. Box 9062, Dublin, Ohio 43017-0962  
Telephone (614) 410-4460  
Toll Free (888) 490-8154  
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# INDIVIDUAL INCOME TAX RETURN 2005

OR

FISCAL PERIOD \_\_\_\_\_ TO \_\_\_\_\_

CALENDAR YEAR TAXPAYERS FILE  
ON OR BEFORE APRIL 17, 2006

CITY OF  
DUBLIN

FORM D-1040



Forms available On Internet at  
www.dublin.oh.us

PROVIDE NAME AND ADDRESS IN SPACE  
BELOW OR AFFIX PRE-ADDRESSED LABEL

Your social security number

Spouse's social security number

Resident  Date moved in \_\_\_\_\_  
Non Resident  Date moved out \_\_\_\_\_  
Sole Proprietor

City of Residence \_\_\_\_\_

City of Employment \_\_\_\_\_

**FILING STATUS**  Single  
 Married filing joint return (even if only one had income). Did you file a joint or separate return last year?  Joint  Separate  
 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 W-2's <b>MUST BE ATTACHED</b> ..	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	\$ _____

**TAX** 8. DUBLIN INCOME TAX. MULTIPLY LINE 7 BY 2% (.02) .....

8	\$ _____
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**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	\$ _____

**BALANCE DUE, REFUND OR CREDIT**

15. <b>BALANCE DUE.</b> If line 8 is more than 14, enter balance due here (No tax due if less than \$1.01) .....	15	\$ _____
16. Penalty. 10% of balance due, if applicable .....	16	\$ _____
17. Interest. 1 1/2% per month or fraction thereof, if applicable .....	17	\$ _____
18. Total due. Carry to line 28 below (No tax due if less than \$1.01) .....	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 \$1.01) .....	20	\$ _____
21. AMOUNT FROM LINE 19 TO BE CREDITED TO NEXT YEAR .....	21	\$ _____

### DECLARATION OF ESTIMATED TAX FOR 2006

**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. Estimated tax due (subtract line 23 from line 22) If Net estimated tax due is less than \$100, estimated tax payments are not required. ....	24	\$ _____
25. Credit from line 21 above .....	25	\$ _____
26. First Quarter Estimate Payment (A minimum of 22.5% of line 24)* .....	26	\$ _____
27. If line 25 above is greater than line 26 then enter 0 .....	27	\$ _____

**TAX DUE**

28. Enter balance due from line 18 above (No tax due if less than \$1.01) .....	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.

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

W-2  Schedule E  
 2106  Schedule F  
 1099  K1  
 Schedule C  \_\_\_\_\_

ATTACH W-2'S HERE

All appropriate Federal schedules must be attached. A return is not complete unless such schedules are included.

**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. <b>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, other cities' returns must be attached)**

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 _____ ADDRESS _____ CITY, STATE, ZIP _____	<input type="text"/>	NAME _____ ADDRESS _____ CITY, STATE, ZIP _____	<input type="text"/>
NAME _____ ADDRESS _____ CITY, STATE, ZIP _____	<input type="text"/>	NAME _____ ADDRESS _____ CITY, STATE, ZIP _____	<input type="text"/>
		<b>Total (2)</b>	\$ _____

Please see unincorporated business activity in instructions.

**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.		
<b>Total (3)</b>		\$ _____
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