

File this Form On or Before the  
Due Date of the Return With:

**CITY OF DUBLIN**  
P.O. BOX 9062  
DUBLIN, OH 43017-0962  
Website: www.dublin.oh.us

**INDIVIDUAL APPLICATION FOR  
EXTENSION OF TIME TO FILE  
DUBLIN CITY INCOME TAX RETURN**

For Calendar Year Ending December 31, \_\_\_\_\_



NAME(S)	SOCIAL SECURITY NO. OF TAXPAYER(S) OR FID #
ADDRESS	
CITY, STATE, ZIP	

**PLEASE NOTE:** File this form with the City of Dublin on or before the due date of the return and pay any amount you owe.

**THIS IS NOT AN EXTENSION OF TIME TO PAY YOUR TAX.**

I request an automatic six month extension of time to file the City of Dublin Income Tax for the tax year ending. \_\_\_\_\_

Fiscal year filers enter extended due date. \_\_\_\_\_

- 1. Total Dublin Tax liability. \_\_\_\_\_ \$ \_\_\_\_\_
- 2. Total payments and credits. \_\_\_\_\_ (\$ \_\_\_\_\_)
- 3. Balance due. Subtract Line 2 from Line 1. \_\_\_\_\_ \$ \_\_\_\_\_

Complete the declaration of estimated taxes if liability to Dublin will exceed \$100.00.

- A. Estimated income subject to Dublin tax \$ \_\_\_\_\_  
Estimated tax due: 2.0% times Line A. \_\_\_\_\_ \$ \_\_\_\_\_
- B. DUBLIN tax to be withheld by employer \_\_\_\_\_ (\$ \_\_\_\_\_)
- C. Credit allowed for income taxed by other cities \_\_\_\_\_ (\$ \_\_\_\_\_)
- D. DECLARATION OF ESTIMATED TAX DUE (Line A less Lines B and C) \_\_\_\_\_ \$ \_\_\_\_\_
- 4. Amount of Declaration due. (Enter 25% of Line D) \_\_\_\_\_ \$ \_\_\_\_\_  
(Second quarter due 7/31, third quarter due 10/31, fourth quarter due 1/31/08)
- 5. **Total amount due. Add Lines 3 and 4.** \_\_\_\_\_ \$ \_\_\_\_\_

**IN ORDER TO RECEIVE AN EXTENSION, YOU MUST PAY IN FULL THE BALANCE DUE WITH THIS FORM**

**SIGNATURE AND VERIFICATION**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete and, if prepared by someone other than the taxpayer, that I am authorized to prepare this form.

Signature of Taxpayer or Authorized Representative \_\_\_\_\_ Date \_\_\_\_\_

Signature of Spouse \_\_\_\_\_ Date \_\_\_\_\_

**INSTRUCTIONS**

File this form with a copy of Federal Extension or letter to request an automatic six month extension from the due date of return.  
To receive the extension you must:

- 1. Complete form correctly, and
- 2. File it by DUE DATE of your return, and
- 3. Pay all of the amount shown on line 5.

We will contact you only if your request is denied.

This form does not extend the time to pay taxes. If you do not pay the amount due by the regular due date, you will owe interest and penalty. There is also a failure to file penalty that can be assessed. If you wish a return copy of the approved request, you must include a self-addressed stamped envelope.