

CITY OF DUBLIN

Telephone (614) 410-4460
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INDIVIDUAL INCOME TAX RETURN 2007

FILE ON OR BEFORE APRIL 15, 2008

FORM D-1040EZ

FOR TAX DIVISION USE ONLY

W-2 2106

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 _____

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 below W-2's **MUST BE ATTACHED** 1 \$ _____
 2.* 2106 Expenses. Complete worksheet A below. See instructions. **MUST BE ATTACHED** 2 \$ _____
 3. DUBLIN TAXABLE INCOME SUBTRACT LINE 2 FROM LINE 1 3 \$ _____

TAX

4. DUBLIN INCOME TAX. MULTIPLY LINE 3 BY 2% (.02)..... 4 \$ _____

TAX WITHHELD, PAYMENTS AND CREDITS

5. Dublin income tax withheld from W-2 5 \$ _____
 6. Prior year credits 6 \$ _____
 7. Estimated payments 7 \$ _____
 8. Credit for taxes withheld to other cities (limit 2%). See instructions 8 \$ _____
 9. Credit for taxes paid to other cities (limit 2%). See instructions 9 \$ _____
 10. TOTAL PAYMENTS AND CREDITS. ADD LINES 5 THROUGH 9 10 \$ _____

BALANCE DUE, REFUND OR CREDIT

11. Total due. (No tax due if less than \$1.01) 11 \$ _____
 12. **OVERPAYMENT.** If line 4 is less than line 10, enter overpayment here 12 \$ _____
 13. AMOUNT FROM LINE 12 TO BE REFUNDED (No refund if less than \$1.01) 13 \$ _____
 14. AMOUNT FROM LINE 12 TO BE CREDITED TO NEXT YEAR 14 \$ _____

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:	LINE 1	LINE 2	LINE 5	LINE 8

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

The undersigned declares that this return (and accompanying W-2's and 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.

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 form.

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 _____

File with the City of Dublin
 Division of Taxation
 P.O. Box 9062, Dublin, Ohio 43017-0962

REFUNDS:
 City of Dublin
 Division of Taxation
 P.O. Box 800, Dublin, Ohio 43017-0900

ATTACH W-2'S HERE