

File with the City of Dublin
Division of Taxation
P.O. Box 9062
Dublin, Ohio 43017-0962
Telephone V/TDD (614) 410-4400
Telephone (614) 410-4460
Toll Free (888) 490-8154
Fax (614) 923-5520

Make Checks and Money Orders
Payable to
City of Dublin

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 DG-1040

FORMS AVAILABLE ON INTERNET AT www.dublintax.com
PROVIDE NAME AND ADDRESS IN SPACE BELOW

Primary social security number

Secondary social security number

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

FILING STATUS
1 ☐ Single
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. ▶ _____

City of Residence _____ City of Employment _____

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 MUST BE ATTACHED**1 \$
2. 2106 Expenses. Complete worksheet A on reverse. See instructions. **MUST BE ATTACHED**2 \$
3. TAXABLE WAGES. SUBTRACT LINE 2 FROM LINE 13 \$
4. Other income. From schedule C, E or O on reverse. **MUST BE ATTACHED**4 \$
5. TOTAL INCOME. ADD LINES 3 AND 45 \$
6. Adjustments. From schedule X on reverse6 \$
7. DUBLIN TAXABLE INCOME. SUBTRACT LINE 6 FROM LINE 57 \$
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 reverse9 \$
10. Prior year credits10 \$
11. Estimated payments11 \$
12. Credit for taxes withheld to other cities (limit 2%). See instructions12 \$
13. Credit for taxes paid to other cities (limit 2%). See instructions13 \$
14. TOTAL PAYMENTS AND CREDITS. ADD LINES 9 THROUGH 1314 \$
BALANCE DUE, REFUND OR CREDIT
15. **BALANCE DUE.** 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. **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 \$1.01)20 \$
21. AMOUNT FROM LINE 19 TO BE CREDITED TO NEXT YEAR.....21 \$

** NOTE: IF ALL INCOME IS FULLY WITHHELD UPON, STOP HERE, SIGN & DATE RETURN, ATTACH W-2'S & MAIL TO THE CITY OF DUBLIN **

ESTIMATE FOR NEXT YEAR
DECLARATION OF ESTIMATED TAX FOR 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 cities23 \$
24. Estimated balance due (subtract line 23 from line 22)24 \$
25. Credit from line 21 above25 \$
26. Unpaid estimated tax26 \$
27. Amount due with this return (A minimum of 22.5% of line 26)*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 DUBLIN29 \$

*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

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 1LINE 1PAGE 1LINE 2PAGE 1LINE 9PAGE 1LINE 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 NameBusiness Address

Kind of BusinessDate StartedDate Ended

A. Net Profit or LossAttach 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)

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