



INDIVIDUAL INCOME TAX RETURN TAX YEAR

Amended Yes No

FOR TAX DIVISION USE ONLY

- W-2, Schedule C, K1, 2106, Schedule E, 1099, Schedule F

Forms available On Internet at www.dublintonline.com

PROVIDE NAME AND ADDRESS IN SPACE BELOW

Primary social security number

Secondary social security number

Resident, Non Resident, Sole Proprietor, Date moved in/out, City of Residence, City of Employment

FILING STATUS: Single, Married filing joint return, Married filing separate return

ALL APPROPRIATE W-2'S, FEDERAL SCHEDULES, EXPLANATIONS MUST BE ATTACHED

INCOME: 1. Total W-2 wages, 2. 2106 Expenses, 3. TAXABLE WAGES, 4. Other income, 5. TOTAL INCOME, 6. Adjustments, 7. DUBLIN TAXABLE INCOME

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

TAX WITHHELD, PAYMENTS AND CREDITS: 9. Dublin income tax withheld, 10. Prior year credits, 11. Estimated payments, 12. Credit for taxes withheld, 13. Credit for taxes paid, 14. TOTAL PAYMENTS AND CREDITS

BALANCE DUE, REFUND OR CREDIT: 15. BALANCE DUE, 16. Penalty, 17. Interest, 18. Total due, 19. OVERPAYMENT, 20. AMOUNT FROM LINE 19 TO BE REFUNDED, 21. AMOUNT FROM LINE 19 TO BE CREDITED

DECLARATION OF ESTIMATED TAX FOR

ESTIMATE FOR NEXT YEAR: 22. Total income subject to tax, 23. Subtract any estimated income tax, 24. Estimated tax due, 25. Credit from line 21, 26. First Quarter Estimate Payment, 27. If line 25 above is greater than line 26

TAX DUE: 28. Enter balance due from line 18, 29. TOTAL TAX DUE

\*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

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

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

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) (see instructions) ..... \$ \_\_\_\_\_  
 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