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City of Dublin

DIVISION OF TAXATION
PO Box 9062
Dublin OH 43017-0962
Telephone (614) 410-4460
Toll Free (888) 490-8154
Fax (614) 923-5541

PROVIDE NAME AND CURRENT ADDRESS IN SPACE BELOW

CITY OF DUBLIN
BUSINESS INCOME TAX RETURN 2012

OR

FISCAL PERIOD _____ **TO** _____

CALENDAR YEAR TAXPAYERS FILE ON OR BEFORE APRIL 15 FISCAL YEAR DUE 105 DAYS FOLLOWING END OF PERIOD

LOCAL BUSINESS ADDRESS IF DIFFERENT FROM MAILING ADDRESS

TAX RETURN FOR (Check One)
Corporation Partnership S-Corporation
Fiduciary Estate Trust

FEDERAL I.D. NO.

DID YOU FILE A CITY RETURN LAST YEAR? Yes No

IS THIS A FINAL RETURN? Yes No

FEDERAL BUSINESS ACTIVITY CODE NO. FROM FEDERAL TAX RETURN __

1.	Adjusted Federal Taxable Income per attached return (Form 1120, Line 28; Form 1120S, Schedule K, line 18; Form 1120A, Line 24; Form 1065 "Analysis of Net Income/Loss", Line 1; Form 1041, Line 17; Form 990 T, Line 30) (See instructions)	1	$
2.	Adjustments (From Line N on Reverse, Schedule X) **Complete Page 2 Now**	2	$
3.	Taxable Income before allocation (Line 1 plus/minus Line 2)	3	$
4.	Allocation Percentage (From Step 5 on Reverse, Schedule Y)	4	
5.	Dublin Taxable Income (Multiply Line 3 by Line 4)	5	$
6.	Dublin Income Tax (Multiply Line 5 by 2.0% (.02)	6	$
7.	Estimates paid on this year's liability	7	$
8.	Credits applied from 2011 to this year's liability	8	$
9.	Other Credits (Explain)	9	$
10.	Total Credits	10	$
11.	Tax Due (Subtract Line 10 from Line 6)	11	$
12a.	Penalty for late payment or underpayment of estimate (10% of Line 11)	12a	$
12b.	Interest (1.5% per month or fraction thereof)	12b	$
13.	**Total Due** (If $1.01 or more)	13	$
14.	Overpayment (Line 10 greater than Line 6)	14	$
15.	Indicate Refund (If $1.01 or more)	15	$
16.	Credit to next year (If $1.01 or more)	16	$

DECLARATION OF ESTIMATED TAX FOR 2013 — VOUCHER 1

17.	Total estimated income subject to tax	17	$
18.	Multiply Line 17 by 2.0% (.02) Dublin City Income Tax declared	18	$
19.	Tax due before credits (enter at least 25% of Line 18)	19	$
20.	Less credits (from Line 16 above)	20	$
21.	Net estimated tax due if Line 19 minus Line 20 is greater than zero*	21	$
22.	**TOTAL AMOUNT DUE** - Combine Line 13 above with Line 21 (Make checks payable to the City of Dublin)	22	$

**First Quarter Estimate should be paid with this return. Payment forms for the remaining estimated payments are available at www.dublintax.com or will be mailed upon request.*

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 PERSON PREPARING IF OTHER THAN TAXPAYER — DATE

SIGNATURE OF TAXPAYER OR AGENT — DATE

NAME AND ADDRESS OF PREPARER — PHONE NUMBER

NAME AND TITLE — PHONE NUMBER

MAKE CHECKS PAYABLE TO CITY OF DUBLIN
ONLINE PAYMENTS CAN BE MADE AT https://ipn.paymentus.com/otp/stde/codb

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

SCHEDULE X - RECONCILIATION WITH FEDERAL INCOME TAX RETURN

	ITEMS NOT DEDUCTIBLE	ADD		ITEMS NOT TAXABLE	DEDUCT
A.	Capital Losses (not ordinary losses)	$ _____	H.	Capital Gains (not ordinary gains)	$ _____
B.	Taxes Based on Income	_____	I.	Interest Income	_____
C.	5% Of Amount Deducted as intangible income	_____	J.	Dividends	_____
D.	Guaranteed payments to partners	_____	K.	Income from Patents and Copyrights	_____
E.	Amounts for Qualified Self-Employed Retirement, Health & Life Insurance Plans for Owners of Non-C Corporation Entities or Self Employment tax	_____	L.	Other (attach explanation) _____	_____
F.	Other including REITS & RIC'S all amounts (SEE INSTRUCTIONS)	_____			
G.	Total Additions	_____	M.	Total Deductions	$ _____

N. Combine Lines G and M and enter net on Line 2 _____

SCHEDULE Y - BUSINESS ALLOCATION FORMULA

			a. Located Everywhere	b. Located in Dublin	c. Percentage (b/a)
STEP	1.	Average Original cost of Real & Tangible Personal Property	_____	_____	_____
		Gross Amount Rentals Paid Multiplied by 8	_____	_____	_____
		TOTAL STEP 1	_____	_____	_____ %
STEP	2.	Gross Receipts from Sales Made and/or Work or Services Performed	_____	_____	_____ %
STEP	3.	Wages, Salaries, Etc. Paid	_____	_____	_____ %
	4.	Total Percentages			_____ %
	5.	Average Percentage (Divide Total Percentages by number of Percentages Used – Carry to Line 4)			_____ %

SCHEDULE Y-1 - RECONCILIATION TO FORM W-3, WITHHOLDING RECONCILIATION

Total wages allocated to Dublin (from Federal Return or allocation formula) $ _____

Total wages shown on Form W-3 (Withholding Reconciliation) $ _____

Are any employees leased in the year covered by this return? ☐ Yes ☐ No

If yes, provide the name, address and FID number of the leasing company _____

Gross city wages paid were $ _____. City tax in the amount of $ _____ was withheld from wages and paid to _____

Were 1099-MISC forms issued to central Ohio residents? **If yes, attach copies to this return.** ☐ Yes ☐ No

Check whether this return was prepared on ☐ cash or ☐ accrual basis. Has City income tax been withheld from and remitted for all taxable employees during the period covered by this return? ☐ Yes ☐ NO. If YES, provide the EIN # _____
If NO, please explain on an attached statement.

Please explain any difference: _____

SCHEDULE Z - PARTNER'S DISTRIBUTIVE SHARES OF NET INCOME

1. Name and address of each partner	2. FID or SSN	3. Amount	4. EIN of Payor
(a)			
(b)			
(c)			
(d)			

Carry forward to Line 1 TOTAL $ _____