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FORM D-1040EZ

CITY OF DUBLIN, OHIO
DIVISION OF TAXATION
Telephone (614) 410-4460
Toll Free (888) 490-8154
Fax (614) 923-5520

City of Dublin

INDIVIDUAL INCOME TAX RETURN 2013

FILE ON OR BEFORE APRIL 15, 2014

Primary social security number

Secondary social security number

Check the appropriate box if:
REFUND
AMENDED
tax year 2013

File Number

Name

Address

City/State/Zip

Email

Resident | Date moved in
Non Resident | Date moved out

City of Residence

City of Employment

If partial year resident, indicate previous address

FILING STATUS

Single
Married filing joint return (even if only one had income). Did you file a joint return last year? Yes No
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 2.0%)**. See instructions ..... 8 $
9. Credit for taxes paid to other cities **(limit 2.0%)**. See instructions ..... 9 $
10. TOTAL PAYMENTS AND CREDITS. ADD LINES 5 THROUGH 9 ..... 10 $

BALANCE DUE

11. Total due – If line 4 is more than line 10, enter balance due (no tax due if less than $1.01). ..... 11 $ 0.00

REFUND OR CREDIT

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

ATTACH W-2'S HERE

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6
CITY WHERE EMPLOYED	BOX 5 WAGES FROM W-2	*2106 EXPENSES, IF ANY	DUBLIN TAX WITHHELD	*OTHER CITY TAX WITHHELD	CREDIT FOR TAXES WITHHELD TO OTHER CITY/JEDD
A.					
B.					
C.					
D.					
E. TOTALS					
ENTER ON:		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 and is limited to 2%.**

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

ONLINE PAYMENTS CAN BE MADE AT https://ipn.paymentus.com/otp/stde/codb