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FORM D-1040

**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 2014

ON OR BEFORE APRIL 15, 2015

PROVIDE NAME AND CURRENT ADDRESS BELOW:

File Number

Name

Address

City/State/Zip

**Primary social security number**

**Secondary social security number**

*Check the appropriate box if:*
**REFUND**
**AMENDED**
tax year _____

*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 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 1 | 3 | $ |
| | 4. | Other income. From schedule C, E or O on reverse. **MUST BE ATTACHED** | 4 | $ |
| | 5. | TOTAL INCOME. ADD LINES 3 AND 4 | 5 | $ |
| | 6. | Adjustments. From schedule X on reverse | 6 | $ |
| | 7. | DUBLIN TAXABLE INCOME. SUBTRACT LINE 6 FROM LINE 5 | 7 | $ |
| **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 reverse | 9 | $ |
| | 10. | Prior year credits | 10 | $ |
| | 11. | Estimated payments | 11 | $ |
| | 12. | Credit for taxes withheld to other cities **(limit 2%)**. See instructions | 12 | $ |
| | 13. | Credit for taxes paid to other cities **(limit 2%)**. See instructions | 13 | $ |
| | 14. | TOTAL PAYMENTS AND CREDITS. ADD LINES 9 THROUGH 13 | 14 | $ |
| **BALANCE DUE** | 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 (see instructions) | 16 | $ |
| | 17. | Interest. 1 1/2% per month or fraction thereof, if applicable (see instructions) | 17 | $ |
| | 18. | Total due. Carry to line 28 below (No tax due if less than $1.01) | 18 | $ 0.00 |
| **REFUND OR CREDIT** | 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 | $ |

**DECLARATION OF ESTIMATED TAX FOR 2015** **Due April 15, 2015** **Voucher 1**

| | | | | |
|---|---|---|---|---|
| **ESTIMATE FOR NEXT 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 cities | 23 | $ |
| | 24. | Estimated tax due (subtract line 23 from line 22) If Net estimated tax due is less than $100, estimated tax payments are not required. | 24 | $ |
| | 25. | Credit from line 21 above | 25 | $ |
| | 26. | First Quarter Estimate Payment (A minimum of 22.5% of line 24)* | 26 | $ |
| | 27. | If line 25 above is greater than line 26 then enter 0 | 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 DUBLIN | 29 | $ |

*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 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 _____

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**

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

USE HIGHEST WAGE AMOUNT FROM MEDICARE OR LOCAL BOX IF YOU WERE A PARTIAL YEAR RESIDENT OF DUBLIN, COMPLETE WORKSHEET X BELOW.

| 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: | 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 and is limited to 2%.

### 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) residents enter 100% ..... 100.00%

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<br>ADDRESS<br>CITY, STATE, ZIP | | NAME<br>ADDRESS<br>CITY, STATE, ZIP | |
| NAME<br>ADDRESS<br>CITY, STATE, ZIP | | NAME<br>ADDRESS<br>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)

If part year resident, enter previous address _____

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

ENTER ON PAGE 1 LINE 6

## INDIVIDUAL SCHEDULE Y — REQUIRED CALCULATION OF NET PROFIT FOR MULTI-CITY ALLOCATION

| | | | 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 ..... | | | 0.00% |
| STEP | 2. | Gross Receipts from Sales Made and/or Work or Services Performed | | | 0.00% |
| STEP | 3. | Wages, Salaries, Etc. Paid ..... | | | 0.00% |
| | 4. | Total Percentages ..... | | | 0.00% |
| | 5. | Average Percentage (Divide Total Percentages by number of Percentages Used – Carry to Line 4)..... | | | 0.00% |