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 2015

FILE ON OR BEFORE APRIL 18, 2016

FORM D-1040EZ

Primary social security number

Secondary social security number

☐ **REFUND**
(An amount must be placed in Line 13 for this return to be considered a valid refund request.)

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 $ _____

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