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FORM DG-1040

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

PROVIDE NAME AND CURRENT ADDRESS BELOW:

INDIVIDUAL INCOME TAX RETURN TAX YEAR 2015

Amended Yes No

Primary social security number

Secondary social security number

☐ **REFUND**
(An amount must be placed in Line 20 for this return to be considered a valid refund request.)

Resident | *Date moved in* _____
Non Resident | Date moved out _____

City of Residence _____

City of Employment _____

If partial year resident, indicate previous address _____

Name _____

Address _____

City/State/Zip _____

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 $ _____

ATTACH W-2'S HERE

DECLARATION OF ESTIMATED TAX FOR _____ **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 $200, 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

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	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% ..... _____ %

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		NAME ADDRESS CITY, STATE, ZIP	
NAME ADDRESS CITY, STATE, ZIP		NAME ADDRESS 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