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:

City of Dublin

INDIVIDUAL INCOME TAX RETURN
TAX YEAR _____

Amended ☐ Yes ☐ No

FORM DG-1040

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	$
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 ☐ **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

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

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