Did you know??

E-filing is **faster**, **easier and more accurate than filing a paper return**. E-file makes compliance with reporting and disclosure requirements easier by eliminating the need to make copies, assemble all of the appropriate schedules and attachments, and pay for postage.

Dublin residents can file and pay their return electronically on our website; www.dublintax.com. As stated above, it's easier, faster and reduces errors in filing. From the website click the efile/epay link and then use the "individuals" link (do not choose the Individual Online Tax Payments), you will need to create an online account with your 6-digit account number. The website is easy to navigate and asks all the relevant questions to prepare your return quickly and efficiently. Once you have completed the steps your return will be ready for filing. You will receive a confirmation number that your return was filed you will have the option to print the return for your records (no need to mail anything to us) if necessary. If you have tax due, you can make a payment from the site using your Checking or Savings account with NO FEE. Additionally, Individuals can make tax payments using Visa, MasterCard, Discover, VISA and MasterCard Debit Card (Please note the credit card company charges a convenience fee, of the total amount remitted).

Feel free to give it a try. If you have any questions or concerns, please feel free to contact our office for assistance at 614-410-4460.



DENTS ONLY (DIR-1040)

City of Dublin	DUBLIN INDIVIDUAL INCOME TAX RE	TURN FOR RESID
Dublin	DUE ON OR BEF	ORE APRIL 18, 2
OHIO, USA	□REFUND	

PAYMENT ENCLOSED CITY OF DUBLIN DIVISION OF TAXATION PO BOX 9062 DUBLIN, OHIO 43017-0962

NO PAYMENT/REFUNDS - MAIL TO: CITY OF DUBLIN DIVISION OF TAXATION PO BOX 4480 DUBLIN, OH 43016-4480

For Office Use Only	
Amt Rec	Cash
Check #	Check

MAKE CHECK PAYABLE TO CITY OF DUBLIN		
Taxpayer Name	Soci	ial Security #
Spouse (If applicable)	Spo	use Social Security #
Current Home Address	If yo	ou moved during year, provide date
City/State/Zip		ved into Dublin
Taxpayer EmailPhone	Mov	ved out of Dublin
Filing Status: Single Married Filing Joint Married Filing	Separate	
Previous Address	Sho	uld your account be inactivated?
(if moved)		Yes No
·	If ye	es, explain:
	TAXPAYER USE	AMENDED (OFFICE LISE
1. Income from QUALIFYING WAGES from Page 2 (Attach ALL W2's)		
2. Other adjustments explanation (Select reason and complete Page 2):	1. 2.	2
3. Income from Self-Employment (Attach Federal Schedule C)	3	
4. Income from Rents or Leases (Attach Federal Schedule E)	4	4
5. Other Taxable Income (Attach applicable Federal Schedules)	5	5
6. Prior Year Loss Carryforward (See instructions for limitations)	6	
7. Net Business/Rental Income (Add lines 3, 4 and 5 minus line 6)	7	7
8. Taxable Income (Add lines 1 and 7)	8	
9. Tax Due on Income (2% Tax Due on line 8)	9	9
10. Dublin Tax Withheld	10	
11. Taxes Withheld or Paid to Other Cities (See instructions for limitations)	11	11
12. Estimated Taxes paid	12	12
13. Prior Year Credit/Extension Payments	13	13
14. Total Payments and Credits (Add lines 10 through 13)	14	14
15. Tax Due: (Line 9 minus 14) – If amount is overpaid, enter as a negative #	15	15
16. Penalty (15%) (+) Interest (7%)	16.	16
17. Total Tax Due (Add lines 15 and 16) - If Amount is \$10 or less enter -0-	17.	17
18. Overpayment (\$10 or less will not be refunded) Credited to 2023	18a	
Refunded	18b	18b
DECLARATION OF ESTIMATED TAX FOR 2023		
Estimated Income Subject to Tax \$ @ Tax Rate of 2%		19
Estimated Tax Withheld by Your Employer(s)	20	
Overpayment Applied from 2022	21	
Other Payments and Credits	22	
Total Payments and Credits (Add Lines 20, 21, and 22)		23
Net Estimated Tax Due (Line 19 minus line 23)		24
Estimate Paid with Return (not less than 25% of line 24)		25
TOTAL DUE (Line 17 plus line 25)		26

By signing this return, the undersigned hereby declares under penalty of perjury, that this return is true, correct and complete. Furthermore, the undersigned also declares that they have not requested and/or received a refund of local tax from any other taxing jurisdiction for the taxable income listed above.

Signature of Tax Preparer (Third Party Designee)	Date	Signature of Taxpayer	Date
Do you authorize us to contact your 3 rd Party Designee regar	ding this return?		
□YES □NO		Signature of Spouse	Date
Preparer Phone Number			

Taxpayer Name (As shown on Page 1) Social							ocial Security #		
ENTER TAXABLE QU *Qualifying wages a				nichever is higher					
Employer Employer ID Number (EIN) Box b from W2	Check Box if Spouse's Wages	City Where Physically Employed	Qualifying Wages (See Above)	Dublin Tax Withheld	Other City Tax Withheld	Adjustments to Income (Provide Explanation on Line 2)	Net Taxable Wages (Qualifying wages less adjustments)	Credit Limit for taxes paid to other cities (lesser of the amount withheld or 2%)	
TOTALS:									
ADJUSTMENTS	ΣΤΟ ΤΔΧΔΕ	BLE INCOM	F	Page 1, Line 10			Page 1, Line 1	Page 1, Line 11	
Under 18	O TAXAL	DEL IIVEOIVI	<u> </u>						
 If you were und Wages earned Enter your date Subtract Line 2 	while under	the age of 18. e:	Attach a copy	of your birth cert	ificate OR a co	opy of your driv	er's license 2		
Improperly Withhe	ld by Employ	yer F	Reason withholo	ding was imprope	rly withheld:				
		A	Address where v	work physically pe	erformed:				
4. If city tax was i5. Enter income t6. Subtract Line 5	ipon which ta	ax was improp	perly withheld b	y employer.			5		
Part-Year Resident 7. If you moved, 6 8. Enter the wage 9. Subtract Line 8	enter your to es while not a	resident	-	e 1) along with an	y other taxab	le wages	8		

ONLY COMPLE	TE	THIS PAGE IF YO	U HAVE IN	COME FROM S	OURCES OTHE	R THAN W-2 INCOME
-	-	and PARTNERSHIP K1 I FEDERAL SCHEDULES	NCOME (<i>DO N</i> o	OT INCLUDE S-CORP I	NCOME/LOSS or AC	TIVITY REPORTED ON FORM 4797)
Federal Schedule	l	City Where Income Phy Earned	sically Net Ind Schedu	come from applicable ule	only allowed	x paid on your behalf (credits are I to the extent of the tax assessed, I'd 2% or tax paid if less than 2%)
TOTALS:						
TOTALS.						
CCUEDINEY	LICIN	UECC ALLOCATION	FORMULA			
		NESS ALLOCATION				
		_		erty owned or used b	y the taxpayer in the	business or profession wherever
-		d or rented real proper	-	h - 4		1
		ted and leased real pro	perty used by t	ne taxpayer wnereve	r situated (multiply t	oy 8) 2
3. Combine Lines 1		=			(h	3
_		•	•		their services are j	performed except compensation
•		cipal taxation under (4
All Gross recei	pts fi	rom sales made or se	rvices perforn	ned wherever made	e or performed	5
City		Property	Wages	Gross Receipts	Average %	Allocated Net Profits (Column E)
City			Column B	Column C	Column D	Transfer figure to Line 3, Page 1
	а		S	\$	Columnia	Transier figure to Line 3, 1 age 1
	ч	٧ ,	·	7	1	

Taxpayer Name (As shown on Page 1)

City		Property	Wages	Gross Receipts	Average %	Allocated Net Profits (Column E)
		Column A	Column B	Column C	Column D	Transfer figure to Line 3, Page 1
	а	\$	\$	\$		
DUBLIN	b	%	%	%	%	\$

Social Security # _____