

City of Dublin  
Tax Return For Businesses

2022

FOR THE YEAR  
BEGINNING \_\_\_\_\_  
ENDING \_\_\_\_\_

Name _____		EIN/FID Number _____		Check the appropriate box if: <input type="checkbox"/> <b>REFUND</b> (An amount must be placed in Line 6B for this return to be considered a valid refund request) <input type="checkbox"/> <b>AMENDED</b> tax year _____	
Address _____					
City _____		Filing Status - check only one <input type="checkbox"/> C-Corporation <input type="checkbox"/> S-Corporation <input type="checkbox"/> Fiduciary (Trust and Estates) <input type="checkbox"/> Partnership/Association (do not use this form for Schedule C filers)		*Did you file a City return last year? <input type="checkbox"/> YES <input type="checkbox"/> NO *Is this a consolidated corporation return? <input type="checkbox"/> YES <input type="checkbox"/> NO *Should your account be inactivated? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please explain: _____	
State _____ Zip Code _____					
<b>REQUIRED:</b> ATTACH A COPY OF YOUR FEDERAL RETURN INCLUDING ALL SUPPORTING SCHEDULES TO THE BACK OF THIS RETURN * Local business address if different from mailing address: _____		* City(ies) of income #1 _____ #2 _____ * Nature of Business _____ * Trade Name _____ * Federal Business Activity Code (NAICS) _____			

**Part A TAX CALCULATION** Complete Page 2 now.

Column A		Column B Total Net Taxable Income*	TAX RATE	Column C Tax Due
DUBLIN			2.0%	

\*Entry in Column B cannot be less than zero (see instructions)

1. TOTAL NET TAX DUE (Total of Column C).....	1	\$
2. <b>LESS CREDITS</b>		
OVERPAYMENT FROM PRIOR YEAR RETURN ONLY .....	2a	
ESTIMATED TAX PAYMENTS .....	2b	
3. BALANCE DUE (Line 1 Less Line 2). If Line 2 is greater than Line 1, enter amount (in brackets) here and carry to Line 6	3	\$
4. PENALTY: 15% _____ + INTEREST _____ + LATE FEE = _____ (see instructions)	4	\$
5. TOTAL AMOUNT DUE (Add lines 3 and 4). <b>NOTE:</b> no payment is due if the amount is \$10.00 or less	5	\$
6. OVERPAYMENT CLAIMED (if Line 2 exceeds Line 1).....	6	\$
A. Enter the amount from Line 6 you want <b>CREDITED</b> to you next year tax estimate.....	6A	\$
B. Enter the amount from Line 6 you want <b>REFUNDED</b> (must be greater than \$10.00).....	6B	\$

**Part B THESE QUESTIONS MUST BE ANSWERED**

A Declaration of Estimated City Tax is REQUIRED for all business entities.

Date of incorporation/inception _____	Are any employees leased in the year covered by this return? <input type="checkbox"/> YES <input type="checkbox"/> NO
Date City business commenced _____	If YES; please provide the name, address and FID number of the leasing company _____
Check whether this return was prepared on: <input type="checkbox"/> cash or <input type="checkbox"/> accrual basis	
Has City income tax been withheld from and remitted for all taxable employees during the period covered by this return? <input type="checkbox"/> YES - If YES, provide the EIN(s) # _____ <input type="checkbox"/> NO - If NO, please explain on an attached statement.	Gross city wages paid were \$ _____ City tax in the amount of \$ _____ was withheld from wages and paid to _____ Were 1099-MISC forms issued to central Ohio residents? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, attach copies to this return.

SIGNATURE		MAILING INFORMATION	
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 are the same as used for Federal income tax purposes and understands that this information may be released to the tax administration of the city of residence and the I.R.S.			
Signature Of Officer ► _____ Title ► _____	Date _____ May the City of Dublin discuss this return with the preparer shown below? (see instructions) <input type="checkbox"/> YES <input type="checkbox"/> NO	<b>No Payment Enclosed/Refund Request:</b> <b>Mail to:</b> City of Dublin Tax Division PO Box 4480 Dublin, Ohio 43016-4480	
Paid Preparer's Use Only Signature ► _____	Date _____ PTIN _____ Phone No. ( ) _____	<b>Payment Enclosed:</b> <b>Make payable to: City of Dublin</b> <b>Mail to:</b> City of Dublin Tax Division PO Box 9062 Dublin, Ohio 43017-0962	

Business Name	EIN/FID Number:
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<b>Schedule X</b>	<b>RECONCILIATION WITH FEDERAL INCOME TAX RETURN PER DUBLIN TAX ORDINANCE 38</b>
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1. Income per attached Federal return (Form 1120, Line 28; Form 1120S, Schedule K, Line 18; or Form 1065, "Analysis of Net Income (Loss)", Line 1; Form 1041, Line 23; Form 990 T, Line 11, 1120 REIT, Line 20 .....	1	
2. A. Items not deductible (from Line 4J below) .....	2A	
B. Items not taxable (from Line 5F below) .....	2B	
C. Enter excess of Line 2A or 2B .....	2C	
D. Partnership K-1 Income (or Loss) (deduct partnership gain, add partnership loss. See DBR-38 Schedule E, Column 4).....	2D	
E. Suspended §179 expense/suspended charitable contributions allowed in this tax year (attach schedule) .....	2E	
F. Other City taxable income not shown on Federal return .....	2F	
G. Net operating loss per Dublin City Code Section 38.03(V). (Schedule must be attached to the City return) .....	2G	
3. Adjusted net income (Line 1 plus or minus Lines 2C, 2D, 2E, 2F and 2G). Enter in Part A or Schedule Y (figures entered in Part A cannot be less than zero) .....	3	
<b>ITEMS NOT DEDUCTIBLE</b>		
4. A. Capital losses and IRS §1231 losses deducted .....	4A	
B. Amount equal to 5% of intangible income not attributable to sale, exchange or other disposition of IRS §1221 property (5% of Lines 5B, 5C, and 5D) .....	4B	
C. Taxes based on income .....	4C	
D. Guaranteed payment to partners (not included within net profits) .....	4D	
E. Charitable contributions deducted above corporate limitations Dublin Tax Ordinance §38.03 .....	4E	
F. IRS §179 expense deducted above corporate limitations .....	4F	
G. Qualified retirement, health insurance and life insurance plans on behalf of owners/ owner employees of non C-Corporation businesses .....	4G	
H. Add any deduction for pass-through entity not allowed as a deduction for a C-Corporation under the Internal Revenue Code (see instructions) Dublin Tax Ordinance §38.03 .....	4H	
I. Other expenses not deductible (attach documentation or explanation) .....	4I	
J. TOTAL ADDITIONS (enter here and on Line 2A above) .....	4J	
<b>ITEMS NOT TAXABLE</b>		
5. A. Capital/IRS §1231 gains, etc. (do not deduct Section 1245 and 1250 gains) .....	5A	
B. Interest earned or accrued .....	5B	
C. Dividends .....	5C	
D. Income from patents, trademarks, copyrights and royalties from intangible sources .....	5D	
E. Other exempt income (attach documentation or explanation) .....	5E	
F. TOTAL DEDUCTIONS.....	5F	

<b>Schedule Y</b>	<b>REQUIRED CALCULATION OF NET PROFIT FOR MULTI-CITY ALLOCATION</b>
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1. Average original cost of all real and tangible personal property owned or used by the taxpayer in the business or profession wherever situated except leased or rented real property.....	1				
2. Annual rental on rented and leased real property used by the taxpayer wherever situated multiplied by 8.....	2				
3. Combine Lines 1 and 2.....	3				
4. All gross receipts from sales made or services performed wherever made or performed.....	4				
5. All wages, salaries and other compensation paid to employees wherever their services are performed except compensation exempt from municipal taxation under Dublin Tax Ordinance §38.03 (K)(17).....	5				
<b>City</b>	<b>Column A Property</b>	<b>Column B Gross Receipts</b>	<b>Column C Wages</b>	<b>Column D Average %</b>	<b>Column E Allocated Net Profits</b>
Dublin	a \$	\$	\$	%	\$
	b %	%	%		

[illegible]

Attach all K-1s, if more than twelve K-1s please attach schedule

NOTE: Remember to file your Declaration of Estimated Taxes for the current year.