



DUBLIN INDIVIDUAL INCOME TAX RETURN FOR NON-RESIDENTS (DNR-1040)

2023

DUE ON OR BEFORE APRIL 15, 2024

☐ REFUND☐ AMENDED

MAIL TO

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

MAKE CHECK PAYABLE TO CITY OF DUBLIN

Taxpayer Name _____
Spouse (If applicable) _____
Current Home Address _____
City/State/Zip _____
Taxpayer Email _____ Phone _____
Filing Status: ☐ Single ☐ Married Filing Joint ☐ Married Filing Separate

Social Security # _____
Spouse Social Security # _____
If you moved during year, provide date
Moved into Dublin _____
Moved out of Dublin _____

Previous Address _____
(if moved) _____

Should your account be inactivated?

☐ Yes ☐ No

If yes, explain: _____

	TAXPAYER USE	AMENDED/OFFICE USE
1. Income from QUALIFYING WAGES from Page 2 (Attach ALL W2's)	1. _____	1. _____
2. Other adjustments explanation (Select reason and complete Page 2):	2. _____	2. _____
3. Income from Self-Employment (Attach Federal Schedule C)	3. _____	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. _____	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. _____	8. _____
9. Tax Due on Income (2% Tax Due on line 8)	9. _____	9. _____
10. Dublin Tax Withheld	10. _____	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 (.833% per month) _____	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 2024	18a. _____	18a. _____
Refunded	18b. _____	18b. _____

DECLARATION OF ESTIMATED TAX FOR 2024

Estimated Income Subject to Tax \$ _____ @ Tax Rate of 2%	19. _____
Estimated Tax Withheld by Your Employer(s)	20. _____
Overpayment Applied from 2023	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.

Signature of Tax Preparer (Third Party Designee) _____ Date _____
Do you authorize our office to contact your Third Party Designee regarding this return?
☐ YES ☐ NO
Preparer Phone Number _____

Signature of Taxpayer _____ Date _____
Signature of Spouse _____ Date _____

DNR-1040

Social Security # _____

*Qualifying wages are Medicare (Box 5) or Local (Box 18); whichever is higher

Employer	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%)
Employer ID Number (EIN) Box b from W2	☐							
	☐							
	☐							
	☐							
	☐							
	☐							
	☐							
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	☐							
	☐							
TOTALS:								

Page 1, Line 10

Page 1, Line 1

Page 1, Line 11

Under 18

1. If you were under the age of 18 for all or part of the year, enter your total wages for the year 1. _____
2. Wages earned while under the age of 18. **Attach a copy** of your birth certificate OR a copy of your driver's license
Enter your date of birth here: _____ 2. _____
3. Subtract Line 2 from 1; transfer this figure to Line 1 (page 1) along with any other taxable wages 3. _____

Reason withholding was improperly withheld: _____

Address where work physically performed:

- | | |
|--|----------|
| 4. If city tax was improperly withheld from your wages, enter your total wages from that employer | 4. _____ |
| 5. Enter income upon which tax was improperly withheld by employer. | 5. _____ |
| 6. Subtract Line 5 from 4; transfer this figure to Line 1 (page 1) along with any other taxable wages | 6. _____ |

7. If you moved, enter your total wages for the year	7. _____
8. Enter the wages while not a resident	8. _____
9. Subtract Line 8 from 7; transfer this figure to Line 1 (page 1) along with any other taxable wages	9. _____

Taxpayer Name (As shown on Page 1) _____

Social Security # _____

DAYS IN/OUT OF DUBLIN

Days in/out of Dublin *(use this calculation for travel days outside of the principal place of work or work from home with hybrid work schedule)*

If you were a nonresident employee, who worked part of the year outside of the City of Dublin but your employer withheld Dublin Tax complete lines 10 through 19. **ALL days out MUST include documentation of days worked out (i.e. Calendar See Instructions)**

- | | |
|---|-----------|
| 10. Enter the total number of vacation days taken during the entire year | 10. _____ |
| 11. Enter the total number of holidays for the entire year | 11. _____ |
| 12. Enter the total number of sick leave days taken during the entire year | 12. _____ |
| 13. Add Lines 10 through 12 | 13. _____ |
| 14. Subtract line 13 from 260 (total workdays in a year)(See Instructions) | 14. _____ |
| 15. Enter your total wages for this job for the entire year (Use Box 5 from your W2) | 15. _____ |
| 16. Divide Line 15 by the number of days shown on Line 14 | 16. _____ |
| 17. Enter the number of days worked OUT of Dublin (Figure comes from your calendar) | 17. _____ |
| 18. Enter the total number of days worked IN Dublin (Subtract Line 17 from 14) | 18. _____ |
| 19. Multiply Line 16 by Line 18; transfer this figure to Line 1 (page 1) along with any other taxable wages | 19. _____ |

ACKNOWLEDGEMENT

By signing this ACKNOWLEDGEMENT, the undersigned hereby declares under penalty of perjury, that this return is true, correct and complete. Furthermore, the undersigned also declares that they are aware any monies refunded by the City of Dublin shall be due to the municipality where the work was physically performed.

Signature of Taxpayer

Date

Signature of Spouse

Date

Please note, in accordance with ORC 718.13; any refund issued by the City of Dublin will be disclosed to your taxing jurisdiction of residency.

Taxpayer Name (As shown on Page 1) _____ Social Security # _____

ONLY COMPLETE THIS PAGE IF YOU HAVE INCOME FROM SOURCES OTHER THAN W-2 INCOME

ENTER SCHEDULE C, E, F and PARTNERSHIP K1 INCOME (**DO NOT INCLUDE S-CORP INCOME/LOSS or ACTIVITY REPORTED ON FORM 4797**)

ATTACH ALL APPLICABLE FEDERAL SCHEDULES

Federal Schedule	City Where Income Physically Earned	Net Income from applicable Schedule	Credit for tax paid on your behalf (credits are only allowed to the extent of the tax assessed, not to exceed 2% or tax paid if less than 2%)
TOTALS:			

SCHEDULE Y - BUSINESS ALLOCATION FORMULA

		Located Everywhere (A)	Located in DUBLIN (B)	Percentage B÷A
STEP 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			
	Annual rental on rented and leased real property used by the taxpayer wherever situated (multiple rents paid by 8)			
	Combine Lines 1 and 2			%
STEP 2	All wages, salaries and other compensation paid to employees wherever their services are performed except compensation exempt from municipal taxation under O.R.C 718.011			%
STEP 3	All Gross receipts from sales made or services performed wherever made or performed			%
STEP 4	Total of Percentages			%
STEP 5	Average Percentage (Divide total percentages by number of percentages used)			%
STEP 6	ALLOCATED NET PROFIT Transfer figure to Line 3, Page 1			

Taxpayer Name			Social Security Number:		
NET OPERATING LOSS CARRYFORWARD WORKSHEET – Must be completed if claiming NOL carryforward					
	COLUMN (1)	COLUMN (2)	COLUMN (3)	COLUMN (4)	COLUMN (5)
Prior Taxable Year	NOL	Prior Years		Current Taxable Year	Future Taxable Year
		NOL Utilized (Income Offset)	Carryforward	Carryforward NOL Used	Carryforward
2018					
2019					
2020					
2021					
2022					
TOTALS (Enter the amount from Column 4 on Page 1, Line 2C)					

Column (1) For each prior tax year of which you incurred a Net Operating Loss (NOL), enter the dollar amount of the NOL incurred.
 Column (2) Enter the portion of NOL from column 1 that was already utilized in a taxable year prior to the current taxable year.
 Column (3) Carryforward available for current tax year; Column 1 minus Column 2.
 Column (4) Enter carryforward utilized on current year's return.
 Column (5) Carryforward available for future tax years; Column 3 minus Column
 TOTALS Carry Column 4 Total to Page 1, Line 6.