



DUBLIN INDIVIDUAL INCOME TAX RETURN FOR RESIDENTS ONLY (DIR-1040)
DUE ON OR BEFORE APRIL 15, 2025

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
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:

Table with 3 columns: Description, TAXPAYER USE, and AMENDED/OFFICE USE. Rows 1-18 include items like Income from QUALIFYING WAGES, Taxable Income, and Total Tax Due.

DECLARATION OF ESTIMATED TAX FOR 2025. Table with 2 columns: Description and Line Number (19-26). Includes Estimated Income Subject to Tax, Estimated Tax Withheld, and TOTAL DUE.

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
Do you authorize us to contact your 3rd Party Designee regarding this return?
Preparer Phone Number

Signature of Taxpayer Date
Signature of Spouse Date

Taxpayer Name (As shown on Page 1) _____

Social Security # _____

ENTER TAXABLE QUALIFYING WAGES (ATTACH ALL W2's)

*Qualifying wages are Medicare (Box 5) or Local (Box 18); whichever 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%)
	<input type="checkbox"/>							
	<input type="checkbox"/>							
	<input type="checkbox"/>							
	<input type="checkbox"/>							
	<input type="checkbox"/>							
	<input type="checkbox"/>							
	<input type="checkbox"/>							
	<input type="checkbox"/>							
	<input type="checkbox"/>							
	<input type="checkbox"/>							
TOTALS:								

Page 1, Line 10

Page 1, Line 1

Page 1, Line 11

ADJUSTMENTS TO TAXABLE INCOME

Under 18

- If you were under the age of 18 for all or part of the year, enter your total wages for the year 1. _____
- 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. _____
- Subtract Line 2 from 1; transfer this figure to Line 1 (page 1) along with any other taxable wages 3. _____

Improperly Withheld by Employer

Reason withholding was improperly withheld: _____

Address where work physically performed: _____

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

Part-Year Resident

- If you moved, enter your total wages for the year 7. _____
- Enter the wages while not a resident 8. _____
- 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 # _____

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
2019					
2020					
2021					
2022					
2023					
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 4
- TOTALS Carry Column 4 Total to Page 1, Line 6.