



DUBLIN INDIVIDUAL INCOME TAX RETURN FOR RESIDENTS ONLY (DIR-1040)

DUE ON OR BEFORE APRIL 15, 2026

☐ REFUND

☐ AMENDED

2025

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 ( <b>Select reason and complete Page 2</b> ):	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)	6. _____	6. _____
7. Net Business/Rental Income (Add lines 3, 4 and 5 minus line 6)	7. _____	7. _____
8. <b>Taxable Income</b> (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 ( <b>See instructions for limitations</b> )	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. <b>Tax Due:</b> (Line 9 minus 14) – If amount is overpaid, enter as a negative #	15. _____	15. _____
16. Penalty (15%) _____ (+) Interest (.75% per month) _____	16. _____	16. _____
17. <b>Total Tax Due</b> (Add lines 15 and 16) - If Amount is \$10 or less enter -0-	17. _____	17. _____
18. <b>Overpayment (\$10 or less will not be refunded)</b> Credited to 2026	18a. _____	18a. _____
Refunded	18b. _____	18b. _____

DECLARATION OF ESTIMATED TAX FOR 2026

Estimated Income Subject to Tax \$ \_\_\_\_\_ @ Tax Rate of 2% 19. \_\_\_\_\_  
Estimated Tax Withheld by Your Employer(s) 20. \_\_\_\_\_  
Overpayment Applied from 2025 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 \_\_\_\_\_

Do you authorize us to contact your 3<sup>rd</sup> Party Designee regarding this return?

☐ YES ☐ NO

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"/>							
<b>TOTALS:</b>								

Page 1, Line 10

Page 1, Line 1

Page 1, Line 11

**ADJUSTMENTS TO TAXABLE INCOME****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. \_\_\_\_\_

**Improperly Withheld by Employer**

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. \_\_\_\_\_

**Part-Year Resident**

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 # \_\_\_\_\_

**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%)
<b>TOTALS:</b>			

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 ( <b>multiple rents paid by 8</b> )			
	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
2020					
2021					
2022					
2023					
2024					
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 2.
- TOTALS Carry Column 4 Total to Page 1, Line 6.