



CITY OF DUBLIN, OHIO
DIVISION OF TAXATION
Telephone (614) 410-4460
Toll Free (888) 490-8154
Fax (614) 410-4956

**INDIVIDUAL INCOME
TAX RETURN 2025**
FILE ON OR BEFORE APRIL 15, 2026

FORM DIR-1040EZ

Taxpayer Name

Spouse Name

Address

City/State/Zip

Email

Phone

W-2 income only

Primary social security number

Secondary social security number

Resident Date moved in _____
Non Resident Date moved out _____

City of Residence _____

City of Employment _____

If partial year resident, indicate previous address _____

**FILING
STATUS**

Single
 Married filing joint return (even if only one had income). Did you file a joint return last year? Yes No
 Married filing separate return.

INCOME

1. Total W-2 wages. 1 \$ _____

ENTER TAXABLE QUALIFYING WAGES (ATTACH ALL W2's) *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	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"/>						
TOTALS							

Line 3

Line 1

Line 6

TAX

2. DUBLIN INCOME TAX. MULTIPLY LINE 1 BY 2% (.02)..... 2 \$ _____

**TAX
WITHHELD,
PAYMENTS
AND
CREDITS**

3. Dublin income tax withheld from W-2..... 3 \$ _____
4. Prior year credits 4 \$ _____
5. Estimated payments 5 \$ _____
6. Credit for taxes withheld to other cities (**limit 2.0%**). See instructions 6 \$ _____
7. Credit for taxes paid to other cities (**limit 2.0%**). See instructions 7 \$ _____
8. TOTAL PAYMENTS AND CREDITS. ADD LINES 3 THROUGH 7 8 \$ _____

BALANCE DUE

9. Total due - If line 2 is more than line 8, enter balance due (no tax due if less than \$10.00). 9 \$ _____

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.

If this return was prepared by a tax practitioner, check here if we may contact them directly with questions regarding the preparation of this form.

SIGNATURE OF PREPARER, IF OTHER THAN TAXPAYER

DATE

File with the City of Dublin

Division of Taxation

PO Box 9062, Dublin, OH 43017-0962

NAME AND ADDRESS OF PREPARER

TELEPHONE NUMBER

SIGNATURE OF TAXPAYER

DATE

SIGNATURE OF SPOUSE (IF JOINT RETURN)

TELEPHONE NUMBER