



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

NAME AND ADDRESS OF PREPARER _____ TELEPHONE NUMBER _____

SIGNATURE OF TAXPAYER _____ DATE _____

SIGNATURE OF SPOUSE (IF JOINT RETURN) _____ TELEPHONE NUMBER _____

File with the City of Dublin
Division of Taxation
PO Box 9062, Dublin, OH 43017-0962