



CITY OF DUBLIN, OHIO
DIVISION OF TAXATION
Telephone (614) 410-4460
Toll Free (888) 490-8154
Fax (614) 923-5520

**INDIVIDUAL INCOME
TAX RETURN 2016**
FILE ON OR BEFORE APRIL 18, 2017

FORM DIR-38EZ

Account Number

Name

Address

City/State/Zip

Email

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. Enter spouse's social security number above and full name here. ► _____

INCOME

ALL APPROPRIATE W-2'S, EXPLANATIONS MUST BE ATTACHED

TAX	1. Total W-2 wages. For multiple W-2's, complete worksheet A below W-2's MUST BE ATTACHED 1	\$ _____
TAX WITHHELD, PAYMENTS AND CREDITS	2. DUBLIN INCOME TAX. MULTIPLY LINE 1 BY 2% (.02)..... 2	\$ _____
	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	\$ _____

WORKSHEET A – SALARIES, WAGES, TIPS AND OTHER EMPLOYEE COMPENSATION

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5
CITY WHERE EMPLOYED	BOX 5 WAGES FROM W-2	DUBLIN TAX WITHHELD	*OTHER CITY TAX WITHHELD	CREDIT FOR TAXES WITHHELD TO OTHER CITY/JEDD
A.				
B.				
C.				
D.				
E. TOTALS				

ENTER ON:

LINE 5

LINE 8

The undersigned declares that this return (and accompanying W-2's and schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes.

☐ If this return was prepared by a tax practitioner, check here if we may contact him/her 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
P.O. Box 800, Dublin, Ohio 43017-0900

ATTACH W-2'S HERE