

First name and Middle Initial _____ Last Name _____ If a joint return, spouse's first name and initial _____ Last Name _____ Home Address (number and street) _____ City _____ State _____ Zip Code _____	Primary Social Security Number _____ Spouse's Social Security Number _____	Check the appropriate box if: <input type="checkbox"/> <b>REFUND</b> (An amount must be placed in Line 6B for this return to be considered a valid refund request) <input type="checkbox"/> <b>AMENDED</b> tax year _____
Filing Status: <input type="checkbox"/> Single <input type="checkbox"/> Married-Filing Jointly <input type="checkbox"/> Married-Filing Separately		Did you change residence during 2017? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter date of move _____ Should your account be inactivated? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, explain _____ Did you file a City return in 2016? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Attach all forms and applicable Federal schedules and/or documentation to the back of this return.**

<b>Part A</b> Employer(s) and address where work performed (+)	TAXABLE WAGES
(+)	
<b>ADJUSTMENTS (FORM 2106, Move In/Out, Under 18 Wages, Days Work Out of Dublin Wages)</b> (-)	
<b>NET WAGES</b> (enter in Column B below) (=)	

Occupation or nature of business _____
Trade Name _____
City of Employment #1 _____
City of Employment #2 _____
City of Employment #3 _____
City of Residence _____

**Part B TAX CALCULATION** A Declaration of Estimated City Tax (form DID-1) is REQUIRED for all individuals whose tax is not fully withheld.

Column A CITY	Column B INCOME FROM WAGES, SALARIES, COMMISSIONS, ETC. (SEE NET WAGES)	Column C INCOME FROM NET PROFITS, RENTS AND OTHER TAXABLE INCOME	Column D TOTAL NET TAXABLE INCOME	TAX RATE	Column E TAX DUE	Column F LESS TAX WITHHELD (W-2) PAID BY A PARTNERSHIP OR PAID DIRECTLY TO CITY WHERE INCOME WAS EARNED	Column G NET TAX DUE
DUBLIN (UFR)				2.0%			

UFR = Universal Filing Requirement - residents must file a return.

1. TOTAL NET TAX DUE (TOTAL OF COLUMN G) .....		1	
2. LESS CREDITS FOR:	OVERPAYMENT FROM PRIOR YEAR RETURN ONLY .....	2a	2
	ESTIMATED TAX PAYMENTS (Only payments you actually remitted) .....	2b	
3. BALANCE DUE (LINE 1 LESS LINE 2). If Line 2 is greater than Line 1, enter amount (in brackets) here and carry to Line 6. ....		3	
4. PENALTY: 15% \$ _____ + INTEREST 6% \$ _____ + LATE CHARGE \$ _____ (see instructions) (see instructions) (see instructions)		4	
5. TOTAL AMOUNT DUE (ADD LINES 3 AND 4). NOTE: NO PAYMENT IS DUE IF AMOUNT IS \$10.00 or less .....		5	
6. OVERPAYMENT CLAIMED (IF LINE 2 EXCEEDS LINE 1) .....		6	
	A. Enter the amount from Line 6 you want <b>CREDITED</b> to your next year tax estimate .....	6A	
	B. Enter the amount from Line 6 you want <b>REFUNDED</b> (must be greater than \$10.00) .....	6B	

**Part C INCOME FROM SOURCES OTHER THAN WAGES, SALARIES, COMMISSIONS, ETC.** (COMPLETE PAGES 2-4)

CITY INSERT APPLICABLE CITIES BELOW	Column H INCOME (OR LOSS) FROM PART E OR SCHEDULE Y	Column I RENTAL INCOME (OR LOSS) FROM PART F (SECTION 1)	Column J OTHER INCOME FROM PART F (SECTION 2)	Column K TOTAL OTHER INCOME (OR LOSS)

Do you want to allow another person to discuss this matter with the City of Dublin? (see instructions)  Yes  NO  
 Complete the following

**Third Party Designee**  
 Print Designee's Name \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_ SSN \_\_\_\_\_

**Signature**  
 The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated, and that the figures used are the same as used for federal income tax purposes and understands that this information may be released to the tax administration of the city of residence and the I.R.S.

**Sign Here**  
 Your Signature \_\_\_\_\_ Date \_\_\_\_\_  
 If a joint return Spouse's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Both must sign

**Paid Preparer's Use Only**  
 Signature \_\_\_\_\_ Date \_\_\_\_\_  
 PTIN \_\_\_\_\_  
 Phone No. ( ) \_\_\_\_\_

**MAILING INFORMATION**

**No Payment Enclosed/Refund Request:**  
 Mail to: City of Dublin Tax Division  
 PO Box 800  
 Dublin, Ohio 43017

**Payment Enclosed:**  
 Make payable to: **City of Dublin**  
 Mail to: City of Dublin Tax Division  
 PO Box 9062  
 Dublin, Ohio 43017-0962

Name(s) as shown on Page 1	Primary Social Security Number
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## Claim for Refund and Adjustments to Taxable Wages

Reason for Adjustment (Explain fully)	Resident Address for this period
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### Part D ADJUSTMENTS TO TAXABLE WAGES

1. If you are claiming employee expenses from Federal Form 2106, enter your total wages from that job here. Do not include wages included on Lines 14 or 23 below. See instructions.....	<b>1</b>		
2. Employee business expenses from Federal Form 2106. Do not include 2106 expenses reported on Lines 15 or 24 below. <b>Attach a copy</b> of the 2106 and Federal Schedule A. See instructions.....	<b>2</b>		
3. Subtract Line 2 from 1. If less than zero, enter zero. List this figure in Part A of Page 1 along with any other taxable wages you or your spouse earned.....		<b>3</b>	
4. If you were under the age of 18 for all or part of the year, enter your total wages for the year.....	<b>4</b>		
5. Wages earned while under the age of 18. <b>Attach a copy</b> of your birth certificate, a copy of your driver's license or a notarized statement from either parent stating your birthday. Enter date of birth here:.....	<b>5</b>		
6. Subtract Line 5 from 4. List this figure in Part A of Page 1 along with any other taxable wages you or your spouse earned.....		<b>6</b>	
7. If city tax was improperly withheld from your wages, enter your total wages from that employer .....	<b>7</b>		
8. Income upon which tax was improperly withheld by employer. <b>Complete Certification by Employer below</b> .....	<b>8</b>		
9. Subtract Line 8 from 7. List this figure in Part A of Page 1 along with any other taxable wages you or your spouse earned .....		<b>9</b>	
10. If city tax was improperly withheld from your wages, enter your total wages from that employer .....	<b>10</b>		
11. Income from short-term disability withheld by employer after 7/1/07 .....	<b>11</b>		
12. Income from long-term disability withheld by employer .....	<b>12</b>		
13. Subtract Lines 11 and 12 from 10. List this figure in Part A of Page 1. <b>Complete Certification by Employer below</b> .....		<b>13</b>	
14. If you were a nonresident railroad employee or nonresident over-the-road truck driver assigned duties only within Ohio, enter your total railroad or driving wages here.....	<b>14</b>		
15. Enter the amount of 2106 expenses related to this income. <b>Attach a copy</b> of the 2106 & Fed Sch A	<b>15</b>		
16. Line 15 from 14. If less than zero, enter zero.....	<b>16</b>		
17. Multiply the amount of Line 16 by 10% (.10). List this figure in Part A of Page 1 along with any other taxable wages you or your spouse earned. <b>Complete Certification by Employer below</b> .....		<b>17</b>	
If you were a nonresident employee who worked part of the year outside the city for which your employer withheld city tax complete Lines 18 through 28. <b>See instructions</b>			
18. Enter the total number of vacation days taken during the entire year.....	<b>18</b>		
19. Enter the total number of holidays for the entire year.....	<b>19</b>		
20. Enter the total number of sick leave days taken during the entire year.....	<b>20</b>		
21. Add Lines 18 through 20.....	<b>21</b>		
22. Subtract line 21 from 260 (total workdays in a year) (see instructions) .....	<b>22</b>		
23. Enter your total wages for this job for the year.....	<b>23</b>		
24. Enter the amount of 2106 expenses related to this income. <b>Attach a copy</b> of the 2106 & Fed Sch A	<b>24</b>		
25. Subtract Line 24 from 23. If less than zero, enter zero.....	<b>25</b>		
26. Divide Line 25 by the number of days shown on Line 22.....	<b>26</b>		
27. Enter the number of days worked in the city (Line 22 less total days worked out).....	<b>27</b>		
28. Multiply Line 26 by Line 27. List this figure in Part A of Page 1 along with any other taxable wages you or your spouse earned. <b>Complete Certification by Employer below</b> .....		<b>28</b>	

### Certification by Employer Regarding Adjustments to Taxable Wages

*Employer certification is required to claim adjustments on Lines 7 through 28 above. Your request for refund will not be considered valid without a completed employer certification. A separate certification is required for each job for which you are claiming adjustments on Lines 7 through 28 above.*

I/We certify that the employee referenced on this form was employed by the undersigned during the year referenced on this tax return; that the employee was either not working inside the corporate limits of the city or city tax was improperly withheld; that no portion of the tax withheld has been or will be refunded to the employee; and that no adjustment has been or will be made in remitting taxes withheld to the city.

Name of Employer ▶	Employer's Phone No. (      )	Date
Official's Signature ▶	Official's Name Printed	
	Title	

Name(s) as shown on Page 1	Primary Social Security Number
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**Stop:** If your only source of income is from wages, do not complete the remainder of this page. Return to Page 1. Copies of your Federal Schedules C, E and F may be attached to your city return in lieu of completing the schedules below

**Part E SCHEDULE C - INCOME FROM SELF-EMPLOYMENT**

**Profit or Loss from Business (Sole Proprietorship)**

If you conducted business in more than one city, you must allocate income on Schedule Y.

Business Name:	
Business Address:	Nature of Business:
Has City income tax been withheld from and remitted for all taxable employees	Employer ID Number, if any: Date Business Started:
During the period covered by this return? <input type="checkbox"/> YES <input type="checkbox"/> NO If NO, explain on an attached statement.	Date City Business Began: Accounting Method: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other

**Section 1 INCOME**

1. Total Receipts Less Allowances, Rebates and Returns	1.	
2. Less (A) Cost of Goods Sold or (B) Cost of Operations, whichever is applicable Enter Amount of Labor Costs included on Line 2 here _____ <b>(attach 1099's if issued)</b>	2.	
3. Gross Profit Subtract Line 2 from Line 1	3.	
4. Dividends _____ + Interest _____ + Royalties _____ =	4.	
5. Rents Received (if connected with trade or business.	5.	
6. Other Business Income <b>(attach schedule)</b> .	6.	
7. Gross Income. Add Lines 3 through 6.	7.	

**Section 2 EXPENSES**

8. Advertising & Promotion	8.	14. Repairs	14.	
9. Bad Debts	9.	15. Salaries & Wages	15.	
10. Car & Truck Expenses	10.	16 Compensation of Officers	16.	
11. Depreciation, Amortization, Depletion	11.	17. Commissions (attach 1099's if issued)	17.	
12. Interest of Business Indebtedness	12.	18. Taxes & Licenses	18.	
13. Rents (Paid to: _____)	13.	19 Other: <b>Attach Schedule</b>	19.	
20. Total Expenses. Add Lines 8 through 19				
21. Net Profit (or Loss) from Business or Profession. Subtract Line 20 from Line 7.				

**Part F RENTAL AND PARTNERSHIP INCOME**

**Section 1 INCOME OR LOSS FROM RENTAL REAL ESTATE**

		Property A	Property B	Property C	Property D
1. Address of Property (include No. Street, City & State)	1				
2. Rents Received	2				
3. Depreciation	3				
4. Repairs.	4				
5. Other Exp. (Attach Sched)	5				
6. Net Income (Loss)	6				
7. Local Tax Paid	7				
8. Local jurisdiction paid	8				

**Section 2 PARTNERSHIP/OTHER INCOME Residents only. Attach Schedule E**

	Partnership/Source	Federal Identification # If applicable	Income Taxable to What City	Your Share of City Taxable Income	Your Share of City Taxes Paid
1					
2					
3					
4					

The loss from an unincorporated business activity reported on this page may not be used to offset W-2 wages reported on Page 1. However, **FOR DUBLIN RESIDENTS ONLY** the loss from an unincorporated business activity may be used to offset a gain from another unincorporated business activity. NOTE: Remember to file your Declaration of Estimated Taxes (Form DID-1) for the current year. Phone (614) 440-4460.

Name(s) as shown on Page 1	Primary Social Security Number
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**Schedule Y BUSINESS ALLOCATION FORMULA**

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.....	1	
2. Annual rental on rented and leased real property used by the taxpayer wherever situated multiplied by 8.....	2	
3. Combine Lines 1 and 2.....	3	
4. 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.....	4	
5. All gross receipts from sales made or services performed wherever made or performed .....	5	

City		Column A Property	Column B Wages	Column C Gross Receipts	Column D Average %	Column E Allocated Net Profits
Dublin	a	\$	\$	\$	%	\$
	b	%	%	%		