

2018

First name and Middle Initial _____ Last Name _____ If a joint return, spouse's first name and initial _____ Last Name _____ Current 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"/> REFUND (An amount must be placed in Line 6B for this return to be considered a valid refund request) <input type="checkbox"/> AMENDED 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 2018? <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 2017? <input type="checkbox"/> Yes <input type="checkbox"/> No

Part A		Employer(s) and address where work performed (+)		TAXABLE WAGES	Occupation or nature of business _____	
		(+) _____			Trade Name _____	
		ADJUSTMENTS (Move In/Out, Under 18 Wages, Days Work Out of Dublin Wages) (-)			City of Employment #1 _____	
		NET WAGES (enter in Column B below) (=)			City of Employment #2 _____	
					City of Employment #3 _____	
					City of Residence _____	

Part B TAX CALCULATION <small>A Declaration of Estimated City Tax (form DID-1) is REQUIRED for all individuals whose tax is not fully withheld.</small>							
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	
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 CREDITED to your next year tax estimate	6A	
B. Enter the amount from Line 6 you want REFUNDED (must be greater than \$10.00)	6B	

Part C INCOME FROM SOURCES OTHER THAN WAGES, SALARIES, COMMISSIONS, ETC. <small>(COMPLETE PAGES 2-4)</small>					
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 NET OPERATING LOSS CARRYFORWARD (SEE INSTRUCTIONS)	Column L 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

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.		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	
Sign Here If a joint return Both must sign	Your Signature _____ Spouse's Signature _____	Date _____ Date _____	
Paid Preparer's Use Only	Signature _____	Date _____ PTIN _____ Phone No. () _____	

Name(s) as shown on Page 1		Primary Social Security Number	
Claim for Refund and Adjustments to Taxable Wages			
Reason for Adjustment (Explain fully)		Resident Address for this period	
Part D ADJUSTMENTS TO TAXABLE WAGES			
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, a copy of your driver's license or a notarized statement from either parent stating your birthday. Enter date of birth here:.....		2	
3. Subtract Line 2 from 1. List this figure in Part A of Page 1 along with any other taxable wages you earned.....			3
4. If city tax was improperly withheld from your wages, enter your total wages from that employer		4	
5. Income upon which tax was improperly withheld by employer. Complete Certification by Employer below.....		5	
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			6
7. If city tax was improperly withheld from your wages, enter your total wages from that employer		7	
8. Income from short-term disability withheld by employer after 7/1/07		8	
9. Income from long-term disability withheld by employer		9	
10. Subtract Lines 8 and 9 from 7. List this figure in Part A of Page 1. Complete Certification by Employer below.....			10
If you were a nonresident employee who worked part of the year outside the city for which your employer withheld city tax complete Lines 11 through 19. See instructions			
11. Enter the total number of vacation days taken during the entire year.....			
12. Enter the total number of holidays for the entire year.....			
13. Enter the total number of sick leave days taken during the entire year.....			
14. Add Lines 11 through 13.....			
15. Subtract line 14 from 260 (total workdays in a year) (see instructions)			
16. Enter your total wages for this job for the year.....			
17. Divide Line 16 by the number of days shown on Line 15.....			
18. Enter the number of days worked in the city (Line 15 less total days worked out).....		18	
19. Multiply Line 17 by Line 18. List this figure in Part A of Page 1 along with any other taxable wages you or your spouse earned. Complete Certification by Employer below.....			19
Certification by Employer Regarding Adjustments to Taxable Wages			
Employer certification is required to claim adjustments on Lines 4 through 19 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 4 through 19 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?

Date City Business Began:

☐ YES ☐ NO If NO, explain on an attached statement.

Accounting Method: ☐ Cash ☐ Accrual ☐ 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 (attach 1099's if issued)	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 (attach schedule).	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: Attach Schedule	19.	
20. Total Expenses. Add Lines 8 through 19	20.				
21. Net Profit (or Loss) from Business or Profession. Subtract Line 20 from Line 7.	21.				

Part F

RENTAL AND PARTHERSHIP 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.

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	%	%	%		