ATTACH W-2'S HERE



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

INDIVIDUAL INCOME TAX RETURN 2018

FILE ON OR BEFORE APRIL 15, 2019

Primary socia	l secu	rity number	1,000,000,000,000	
Secondary so	cial se	curity number		
Resident Non Resident				
City of Resider	nce _			
City of Employ	ment .			

OHIO, USA	Fax (614) 923-552	(614) 923-5520 Sec			ondary social security number	
Account Number					e moved in	
Name				500 - 45.87 AURI	e moved out	
Address				City of Residence		
City/State/Zip				City of Employment		
Email		If partial year resident, indic	If partial year resident, indicate previous address			
W-2 income only				-		
FILING STATUS				e a joint return last year? ☐ Ye er above and full name here. ▶		
INCOME		ALL APPROPRIAT	TE W-2'S, EXPLANATIONS M	UST BE ATTACHED	7	
TAX	1. Total W-2	wages. For multiple W-2	s, complete worksheet A belo	w W-2's MUST BE ATTACHE	D 1 \$	
TAX	2. DUBLIN	INCOME TAX. MULTIPLY I	INE 1 BY 2% (.02)		2 \$	
WITHHELD, PAYMENTS	3. Dublin in	come tax withheld from W	-2	3 \$		
AND				4 \$		
CREDITS	Estimate	d payments		5 \$		
	Credit for	taxes withheld to other c	ities (limit 2.0%). See instructi	ons 6 \$		
		그를 하면 하면 되는 이번 나는 사람들이 없는 아이를 하는 것이다.	중합 경기 경기 때문 시간 나는 아이들이 얼마나 되었다면 없는데 없었다면 하다.	7 \$		
	8. TOTAL P	AYMENTS AND CREDITS.	ADD LINES 3 THROUGH 7		8 \$	
BALANCE DUE	9. Total due	- If line 2 is more than lin	e 8, enter balance due (no tax	due if less than \$10.00)	9 \$	
WORKSHEET	A _ SALADIES	WAGES TIPS AND O	THER EMPLOYEE COMP	ENSATION		
					001111115	
	COLUMN 1 COLUMN CITY WHERE BOX 5 WAG		COLUMN 3 DUBLIN TAX	COLUMN 4 *OTHER CITY TAX	COLUMN 5 CREDIT FOR TAXES WITHHELD	
EMPLOY	100 miles 100 mi	FROM W-2	WITHHELD	WITHHELD	TO OTHER CITY/JEDD	
<u>A.</u>						
B.						
C.						
D.						
E. TOTALS	3					
ENTER O	N:		LINE 3		LINE 6	
and that the figure	s used herein are t	he same as used for Fede	ral Income Tax purposes.	correct and complete return for		
SIGNATURE OF PREPAR	RER, IF OTHER THAN TAX	PAYER DATE	DATE		File with the City of Dublin Division of Taxation P.O. Box 800, Dublin, Ohio 43017-0900	
NAME AND ADDRESS C	F PREPARER	TELEPHO	NE NUMBER			
SIGNATURE OF TAXPAY	ER	DATE				
SIGNATURE OF SPOUSE	E (IF JOINT RETURN)	TELEPHO	NE NUMBER			