

Preparer Address and Phone Number

DUBLIN INDIVIDUAL INCOME TAX RETURN (DIR-1040) DUE ON OR BEFORE APRIL 15, 2020

PAYMENT ENCLOSED (N CITY OF DUBLIN DIVISIO PO BOX 9062 DUBLIN, OHIO 43017-09		REFUND AMENDED NO PAYMENT/REFUNDS - MAIL TO: City of Dublin Tax Division PO Box 4480 Dublin, OH 43016-4480					
Taxpayer Name			Social Security #				
Spouse (If applicable)				Spouse Social Security #			
Current Home Address	-		If you moved during year, provide date				
City/State/Zip		Moved into Dublin Moved out of Dublin					
(if moved)	gle Married Filing			Should your acco Yes No If yes, explain:	ount be inactivated?		
Employer	City Where Physically	Qualifying Wages	Tax Withheld	Adjustments to Incom			
Lilipioyei	Employed	(See Above *)	lax withheld	(Provide Explanation on Line			
	Linployed	(000)		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(**************************************		
TOTALS:				Line	1.		
	ı explanation (Select reaso n	and complete Page 2)).	Line	. 1		
-	nployment (Attach Federa	•	.,.		3		
	or Leases (Attach Federal :				4.		
	ne (Attach applicable Fede	· ·			5.		
	yforward (See instructions	· ·	6		J		
	l Income (Add lines 3, 4 an		· ·	•	7		
8. Taxable Income (Ad		a 5 mile 67			8.		
9. Tax Due on Income					9.		
10. Dublin Tax Withheld			1	0			
	aid to Other Cities (subjec		1.	_			
12. Estimated Taxes pai			1	2.	_		
13. Prior Year Credit/Ex				3.	_		
	Credits (Add lines 10 thro	ugh 13)	-	J	14		
	able to CITY OF DUBLIN (Li		ount is overnaid	enter as a negative #	15		
16. Penalty (15%)		16					
	lines 15 and 16) - If Amou				17.		
	or less will not be refunde			8a			
. ,		Refunded			- -		
DECLARATION OF ESTI	MATED TAX FOR 2020						
	ct to Tax \$	@ Tax Rate of 2%			19.		
Estimated Tax Withheld				0			
Overpayment Applied fr				1.	_		
Other Payments and Cre				2.	_		
Total Payments and Cred	dits (Add Lines 20, 21, and	22)			23		
Net Estimated Tax Due (-			24.			
Estimate Paid with Retu	rn (not less than 25% of lir	ie 24)			25		
TOTAL DUE (Line 17 plus	line 25)				26		
Signature of Tax Preparer		 Date	Signature o	of Taynayer	Date		
or and treparer		Dute	Jigilatule U	. ι απράγει	Date		
			Signature o Do you autho	f Spouse orize your preparer to contact (Date us regarding this return?		

Yes

No

Taxpayer Name (As shown on Page 1) Social Secur					Social Security #				
_	DUICTNAENTS TO	TAVADI E INICONAE							
_		TAXABLE INCOME							
	der 18	on ago of 10 for all or no	rt of the year antervolu	rtatal wages for the wea	1				
1. 2.		If you were under the age of 18 for all or part of the year, enter your <u>total</u> wages for the year Wages earned while under the age of 18. <u>Attach a copy</u> of your birth certificate OR a copy of your driver's lice							
۷.	Enter your date of b	or your uriver's liceris							
3.			o Item 1 (page 1) along v	vith any other tavable w	2000 3	. —			
J.	Jubilact Line 2 Iron	11, transfer tills ligure to	Them I (page I) along w	Vitil ally other taxable w		<u>'· —</u>	_		
lm	properly Withheld by	Fmnlover (Δddress	where work physically	nerformed)·					
4.			ir wages, enter your tota	-		4			
5.		-		_		5			
 5. Enter income upon which tax was improperly withheld by employer. <u>Complete Certification by Employer below</u> 6. Subtract Line 5 from 4; transfer this figure to Item 1 (page 1) along with any other taxable wages 						6.			
		, ,	" " " " " "	•					
Pa	rt-Year Resident								
7.	If you moved, enter	your total wages for the	e year		7	7			
8.	Enter the wages wh	ile not a resident			8	8			
9.	Subtract Line 7 from	n 8; transfer this figure to	o Item 1 (page 1) along v	vith any other taxable w	ages 9	9			
	ys in/out of Dublin								
			d part of the year outsid						
	-	= -	IST include documentati		i.e. Calendar <u>See Ins</u>	truct	<u>ions)</u>		
			en during the entire year	r					
		ber of holidays for the e							
12	Enter the total num	ber of sick leave days tal	ken during the entire yea	ar	12	2			
13	Add Line 10 through	າ 12			13	13			
14	Subtract line 13 from	m 260 (total workdays in	a year)(See Instructions	5)	14	4			
15	Enter your total wag	ges for this job for the er	ntire year (Use Box 5)						
16	Divide Line 15 by the	e number of days showr	on Line 14		16	16			
17	Enter the number of	f days worked OUT of th	e City (Figure comes from	m your calendar)					
		-	ne City (Subtract Line 17	-					
			ure to Item 1 (page 1) ald						
		ication by Employer bel		ong with any other taxax	one mages 12	··			
			djustment to Taxabl	lo Wagos					
	-			_					
			djustments on Line 4 thro	_					
			separate certification is i	required for each job for	which you are claimi	ing a	djustments on		
	nes 4 through 19 abo								
	•		is form was employed b						
			limits of the City or city t						
be	en or will be refunded	to the employee; and t	hat no adjustment has b	een or will be made in r	emitting taxes withhe	eld to	the City.		
Na	me of Employer		E	mployer's Phone No.	Da	ate			
Of	icial's Printed Name		Official's S	ignature			Title		
S	CHEDULE Y - BUSI	NESS ALLOCATION	FORMULA						
1.	Average original cos	st of all real and tangible	personal property owner	ed or used by the taxpay	er in the business or	profe	ession wherever		
	situated except leas	ed or rented real proper	rty		1				
2.	Annual rental on ren	nted and leased real pro	perty used by the taxpay	er wherever situated (n	nultiple by 8) 2				
3.	Combine Line 1 and			`					
4.			paid to employees wher	ever their services are p					
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.	•		es performed wherever i	made or performed					
	F			•	_	-			
(ity	Property	Wages	Gross Receipts	Average %		Allocated Net		
~	-1	Column A	Column B	Column C	Column D		Profits (Column E)		
		\$	\$	\$	20.2		(
٦	LIDLIN		,		+	0/	خ		
ΙU	UBLIN	%	%	%		%	\$		