

## 2020 DUBLIN INDIVIDUAL INCOME TAX RETURN (DIR-1040) DUE ON OR BEFORE APRIL 15, 2021

PAYMENT ENCLOSED (MAKE CHECK PAYABLE TO CITY OF DUBLIN) CITY OF DUBLIN DIVISION OF TAXATION PO BOX 9062 DUBLIN, OHIO 43017-0962				REFUNDAMENDEDNO PAYMENT/REFUNDS - MAIL TO:City of Dublin Tax DivisionPO Box 4480Dublin, OH 43016-4480		
Spouse (If applicable)       Spouse Social S         Current Home Address       If you moved d         City/State/Zip       Moved into Du					# Gecurity # uring year, provide date blin	
(if moved)	gle Married Filing			Should your acco Yes No If yes, explain:	blin unt be inactivated? (Box 18); whichever is higher	
Employer	City Where Physically Employed	Qualifying Wages (See Above *)	Tax Withheld	Adjustments to Incom (Provide Explanation on Line	e Net Taxable Wages	
TOTALS:				Line		
<ol> <li>Income from Self-E</li> <li>Income from Rents</li> <li>Other Taxable Inco</li> <li>Prior Year Loss Carr</li> <li>Net Business/Renta</li> <li>Taxable Income (Ad</li> <li>Tax Due on Income</li> <li>Dublin Tax Withhel</li> <li>Taxes Withheld or I</li> <li>Estimated Taxes pa</li> <li>Prior Year Credit/Es</li> <li>Total Payments and</li> <li>Penalty (15%)</li> <li>Total Tax Due (Add</li> </ol>	(2% Tax Due on line 8) d Paid to Other Cities (subjec id ktension Payments d Credits (Add lines 10 thro able to <b>CITY OF DUBLIN</b> (L	Il Schedule C) Schedule E) eral Schedules) for limitations) id 5 minus line 6) tt to the 2% limitation) ugh 13) ine 9 minus 14) – If am Interest (7%) nt is \$10 or less enter -	6. 11 12 12 13 14 14 14 14 14 14 14 14 14 14 14 14 14	4l for line 16) 8a	14 15 16 17	
Estimated Income Subje	IMATED TAX FOR 2021 ect to Tax \$	@ Tax Rate of 2%			19	
Net Estimated Tax Due	rom 2020 edits dits (Add Lines 20, 21, and (Line 19 minus line 23) Irn (not less than 25% of lir	-	2	0 1 2	23 24 25 26	
Signature of Tax Preparer		Date	Signature o	f Taxpayer	Date	
			Signature o Do you autho	f Spouse prize your preparer to contact t	Date us regarding this return?	

Yes

No

payer Name (As shown on Page 1) Social Security #	
DJUSTMENTS TO TAXABLE INCOME	
der 18	
If you were under the age of 18 for all or part of the year, enter your <u>total</u> wages for the year	1
Wages earned while under the age of 18. Attach a copy of your birth certificate OR a copy of your driver's lice	ense
Enter your date of birth here:	2
Subtract Line 2 from 1; transfer this figure to Item 1 (page 1) along with any other taxable wages	3
properly Withheld by Employer (Address where work physically performed):	
If city tax was improperly withheld from your wages (NOT COVID RELATED), enter your total wages from that empr	· 4
Enter income upon which tax was improperly withheld by employer. <u>Complete Certification by Employer below</u>	5
Subtract Line 5 from 4; transfer this figure to Item 1 (page 1) along with any other taxable wages	6
t-Year Resident	
If you moved, enter your total wages for the year	7
Enter the wages while not a resident; please provide documentation showing wages while a non-resident	8
Subtract Line 8 from 7; transfer this figure to Item 1 (page 1) along with any other taxable wages	9
	DJUSTMENTS TO TAXABLE INCOME         der 18         If you were under the age of 18 for all or part of the year, enter your total 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         Enter your date of birth here:

## Days in/out of Dublin

If you were a nonresident employee, who worked part of the year outside of the City of Dublin but your employer withheld Dublin Tax Complete lines 10 through 19. *ALL days out MUST include documentation of days worked out (i.e. Calendar <u>See Instructions)</u>* 

EE INSTRUCTIONS REGARDING DAYS WORKED REMOTELY RELATED TO COVID-19**		
Enter the total number of vacation days taken during the entire year	10	
Enter the total number of holidays for the entire year	11	
Enter the total number of sick leave days taken during the entire year	12	
Add Line 10 through 12	13	
Subtract line 13 from 260 (total workdays in a year)(See Instructions)	14	
Enter your total wages for this job for the entire year (Use Box 5)	15	
Divide Line 15 by the number of days shown on Line 14	16	
Enter the number of days worked OUT of the City (Figure comes from your days worked out calendar)	17	
Enter the total number of days worked IN the City (Subtract Line 17 from 14)	18	
Multiply Line 16 by Line 18; transfer this figure to Item 1 (page 1) along with any other taxable wages	19	
	Enter the total number of vacation days taken during the entire year Enter the total number of holidays for the entire year Enter the total number of sick leave days taken during the entire year Add Line 10 through 12 Subtract line 13 from 260 (total workdays in a year)(See Instructions) Enter your total wages for this job for the entire year (Use Box 5) Divide Line 15 by the number of days shown on Line 14 Enter the number of days worked OUT of the City (Figure comes from your days worked out calendar) Enter the total number of days worked IN the City (Subtract Line 17 from 14)	Enter the total number of vacation days taken during the entire year10

Complete the Certification by Employer below

## Certification by Employer Regarding Adjustment to Taxable Wages

An Employer certification is required to claim adjustments on Line 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. **\*\*SEE INSTRUCTIONS REGARDING DAYS WORKED REMOTELY RELATED TO COVID-19\*\*** 

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 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 Official's Printed Name		E	Employer's Phone No. Official's Signature		Date			
		Official's S			_	Title		
S	CHEDULE Y - BUS	INESS ALLOCATION	FORMULA					
1.	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.	2. Annual rental on rented and leased real property used by the taxpayer wherever situated (multiple by 8)					2.		
3.	8. Combine Line 1 and 2					3		
4.	•	nd other compensation under O.R.C 718.011	paid to employees wher	ever their services are p	erformed except o	compei 4. <u> </u>	nsation exempt from	
5.	All Gross receipts fr	om sales made or servic	es performed wherever	made or performed		5		
Ci	ity	Property	Wages	Gross Receipts	Average %		Allocated Net	

City	Property Column A	Wages Column B	Gross Receipts Column C	Average % Column D	Allocated Net Profits (Column E)
	\$	\$	\$		
DUBLIN	%	%	%	%	\$