



CITY OF DUBLIN, OHIO
DIVISION OF TAXATION
 Telephone (614) 410-4431
 Toll Free (888) 490-8154
 Fax (614) 923-5520

**INDIVIDUAL INCOME
 TAX RETURN 2020**
 FILE ON OR BEFORE APRIL 15, 2021

FORM DIR-1040EZ

Taxpayer Name _____
 Spouse Name _____
 Address _____
 City/State/Zip _____
 Email _____
 W-2 income only _____

Primary social security number _____
 Secondary social security number _____
 Resident | Date moved in _____
 Non Resident | Date moved out _____
 City of Residence _____
 City of Employment _____
 If partial year resident, indicate previous address _____

FILING STATUS Single
 Married filing joint return (even if only one had income). Did you file a joint return last year? Yes No
 Married filing separate return.

INCOME		ALL APPROPRIATE W-2'S, EXPLANATIONS MUST BE ATTACHED	
TAX	1. Total W-2 wages. For multiple W-2's, complete worksheet A below W-2's MUST BE ATTACHED	1	\$ _____
TAX WITHHELD, PAYMENTS AND CREDITS	2. DUBLIN INCOME TAX. MULTIPLY LINE 1 BY 2% (.02).....	2	\$ _____
	3. Dublin income tax withheld from W-2.....	3	\$ _____
	4. Prior year credits	4	\$ _____
	5. Estimated payments	5	\$ _____
	6. Credit for taxes withheld to other cities (limit 2.0%). See instructions	6	\$ _____
	7. Credit for taxes paid to other cities (limit 2.0%). See instructions	7	\$ _____
	8. TOTAL PAYMENTS AND CREDITS. ADD LINES 3 THROUGH 7	8	\$ _____
BALANCE DUE	9. Total due – If line 2 is more than line 8, enter balance due (no tax due if less than \$10.00).	9	\$ _____

WORKSHEET A – SALARIES, WAGES, TIPS AND OTHER EMPLOYEE COMPENSATION

ATTACH W-2'S HERE

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5
CITY WHERE EMPLOYED	BOX 5 WAGES FROM W-2	DUBLIN TAX WITHHELD	*OTHER CITY TAX WITHHELD	CREDIT FOR TAXES WITHHELD TO OTHER CITY/JEDD
A.				
B.				
C.				
D.				
E. TOTALS				

ENTER ON: _____ LINE 3 _____ LINE 6 _____

The undersigned declares that this return (and accompanying W-2's and schedules) is a true, correct and complete return for the taxable period stated and that the figures used herein are the same as used for Federal Income Tax purposes.

If this return was prepared by a tax practitioner, check here if we may contact him/her directly with questions regarding the preparation of this form.

 SIGNATURE OF PREPARER, IF OTHER THAN TAXPAYER DATE

 NAME AND ADDRESS OF PREPARER TELEPHONE NUMBER

 SIGNATURE OF TAXPAYER DATE

 SIGNATURE OF SPOUSE (IF JOINT RETURN) TELEPHONE NUMBER

File with the City of Dublin
 Division of Taxation
 P.O. Box 4480, Dublin, Ohio 43016-4480