

DUBLIN INDIVIDUAL INCOME TAX RETURN FOR NON-RESIDENTS (DNR-1040)

DUE ON OR BEFORE APRIL 18, 2022

REFUND AMENDED

DΛ	VМ	FNIT	FNC	OSED

CITY OF DUBLIN DIVISION OF TAXATION PO BOX 9062 DUBLIN, OHIO 43017-0962

NO PAYMENT/REFUNDS - MAIL TO: CITY OF DUBLIN DIVISION OF TAXATION PO BOX 4480 DUBLIN, OH 43016-4480

For Office Use Only	
Amt Rec	Cash

MAKE CHECK PAYABLE TO CITY OF DUBLIN	L	CHECK # CHECK			
Taxpayer Name Spouse (If applicable)		Social Security #Spouse Social Security #			
Current Home Address		If you moved during year, provide date			
City/State/Zip		Moved into Dublin			
Filing Status: Single Married Filing Joint Married Filing	g Separate	Moved out of Dublin			
	5				
Previous Address	<u></u>	Should your account be inactivated?			
(if moved)	<u>—</u>	Yes No			
		If yes, explain:			
4 1 () () () () () () () () () (TAXPAYER USE	OFFICE USE ONLY/AMENDED			
1. Income from QUALIFYING WAGES from Page 2 (Attach ALL W2's)	1.				
2. Other adjustments explanation (Select reason and complete Page 2):	2				
3. Income from Self-Employment (Attach Federal Schedule C)	3				
4. Income from Rents or Leases (Attach Federal Schedule E)	4				
5. Other Taxable Income (Attach applicable Federal Schedules)	5	5			
6. Prior Year Loss Carryforward (See instructions for limitations)	6				
7. Net Business/Rental Income (Add lines 3, 4 and 5 minus line 6)	7				
8. Taxable Income (Add lines 1 and 7)	8	8			
9. Tax Due on Income (2% Tax Due on line 8)	9				
10. Dublin Tax Withheld	10	10			
11. Taxes Withheld or Paid to Other Cities (subject to the 2% limitation)	11	11			
12. Estimated Taxes paid	12	12			
13. Prior Year Credit/Extension Payments	13	13			
14. Total Payments and Credits (Add lines 10 through 13)	14				
15. Tax Due: (Line 9 minus 14) – If amount is overpaid, enter as a negative #	15	15			
16. Penalty (15%) (+) Interest (5%)	16	16			
17. Total Tax Due (Add lines 15 and 16) - If Amount is \$10 or less enter -0-	17	17			
18. Overpayment (\$10 or less will not be refunded) Credited to 2022	18a	18a			
Refunded	18b	18b			
DECLARATION OF ESTIMATED TAX FOR 2022					
Estimated Income Subject to Tax \$ @ Tax Rate of 2%		19			
Estimated Tax Withheld by Your Employer(s)	20				
Overpayment Applied from 2021					
Other Payments and Credits					
Total Payments and Credits (Add Lines 20, 21, and 22)		23			
Net Estimated Tax Due (Line 19 minus line 23)		24			
Estimate Paid with Return (not less than 25% of line 24)		25			
TOTAL DUE (Line 17 plus line 25)		26			
By signing this return, the undersigned hereby declares under penalty of per	iury, that this retu	rn is true, correct and complete.			
Signature of Tax Preparer (Third Party Designee) Date	Signature of Taxpa	aver Date			
	Signature of Taxpo	z,c. Dutc			
Do you authorize our office to contact your Third Party Designee regarding this return?					
Yes No	Signature of Spou	se Date			

Taxpayer Name (As sho	own on Page 1)							Social Security #	
NTER TAXABLE QUA	LIFYING WAGES (A	ATTACH ALL	W2's) *Ou	ıalifvi	ng wages a	are Medi	icare (I	Box 5) or Local (Box 18	3): whichever is highe
Employer	City Where Physically Employed	Qualifyin Wages (See Above	g Dublin Tax Withheld	C T	Other City Fax Withheld		tments ome		Credit Limit for taxes paid to other cities (lesser of the amount withheld or 2%)
TOTALS:									
TOTALS:			Page 1, Line 1	LO		Page 1	L, Line 2	Page 1, Line 1	Page 1, Line 11
NTER SCHEDULE C, E	BLE FEDERAL SCH	EDULES							
Federal Schedule	City Where Inco	· · · · · · · · · · · · · · · · · · ·		ne froi			Credit for tax paid on your behalf (credits are only allowed to the extent of the tax assessed, not to exceed 2%)		
TOTALS:									
10111201									
municipal taxatio . All Gross receipts	n under O.R.C 718 from sales made o	.011 or services p	erformed wher	rever	made or po	erforme	d	5.	
City	Property Column A	Co	ages blumn B		Column (Average % Column D	Allocated Net Profits (Column E Transfer figure to Line 3, Page 1
	\$	\$			\$				
DUBLIN		%		%			%	9	6 \$
ADJUSTMENTS T	O TAXABLE INC	ОМЕ							
Inder 18 . If you were under	the age of 18 for	all or part o	f the year, ente	r you	r total wag	es for th	ne year	1.	
. Wages earned wh	nile under the age	•	• •	•				f your driver's license	
Enter your date o Subtract Line 2 from		figure to Lir	ne 1 (nage 1) al	ong w	ith any otl	her taya	hle wa	2. ges 3	
nproperly Withheld		Reason	withholding w	as im	properly v	vithheld	l:		
. If city tax was imp	properly withheld		s where work p ages, enter you						
. Enter income upo	on which tax was ir	mproperly w	ithheld by emp	loyer			-	5.	
. Subtract Line 5 fro	om 4; transfer this	figure to Li	ne 1 (page 1) al	ong w	ith any oth	ner taxa	ble wa	ges 6.	
art-Year Resident									
. If you moved, ent			ar						
Enter the wages vSubtract Line 8 from			ne 1 (nage 1) al	ona v	ith any otl	har taya	hle we		
. Judit act little & If	um 7, danster tills	rigule to Lif	IC T (hake T) gl	UHK W	nun any Uti	וכו נמאמ	nic Wd	ges 9.	

Days in/out of Dublin <i>(use this calculation for travel days outside of the pri</i>	ncipal place of work or work from	home with hybrid work
schedule)		
f you were a nonresident employee, who worked part of the year outside of	the City of Dublin but your emplo	yer withheld Dublin Tax
Complete lines 10 through 19. ALL days out MUST include documentation of	of days worked out (i.e. Calendar .	<u>See Instructions)</u>
10. Enter the total number of vacation days taken during the entire year		10
11. Enter the total number of holidays for the entire year		11
12. Enter the total number of sick leave days taken during the entire year		12
13. Add Lines 10 through 12		13
14. Subtract line 13 from 260 (total workdays in a year)(See Instructions)		14
15. Enter your total wages for this job for the entire year (Use Box 5 from yo	15	
16. Divide Line 15 by the number of days shown on Line 14	16	
17. Enter the number of days worked OUT of Dublin (Figure comes from you	17	
18. Enter the total number of days worked IN Dublin (Subtract Line 17 from	18	
19. Multiply Line 16 by Line 18; transfer this figure to Line 1 (page 1) along v	vith any other taxable wages	19
By signing this ACKNOWLEDGEMENT, the undersigned hereby declares und Furthermore, the undersigned also declares that they are aware any monie where the work was physically performed. Please provide our office with a monies requested to be refunded.	s refunded by the City of Dublin s	hall be due to the municipality
	Signature of Taxpayer	Date
	Signature of Spouse	Date
Please note, in accordance with ORC 718.13; any refu	nd issued by the City of	Dublin will be disclosed

Social Security # _____

Taxpayer Name (As shown on Page 1)

Please note, in accordance with ORC 718.13; any refund issued by the City of Dublin will be disclosed to your taxing jurisdiction of residency.