



**CITY OF DUBLIN, OHIO**  
**DIVISION OF TAXATION**  
 Telephone (614) 410-4460  
 Toll Free (888) 490-8154  
 Fax (614) 410-4956

**INDIVIDUAL INCOME**  
**TAX RETURN 2021**  
 FILE ON OR BEFORE APRIL 18, 2022

**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** 1. Total W-2 wages. \_\_\_\_\_ 1 \$ \_\_\_\_\_

ENTER TAXABLE QUALIFYING WAGES (ATTACH ALL W2's) *Qualifying wages are Medicare (Box 5) or Local (Box 18); whichever is higher						
Employer	City Where Physically Employed	Qualifying Wages (See Above)	Dublin Tax Withheld	Other City Tax Withheld	Net Taxable Wages (Qualifying wages less adjustments)	Credit Limit for taxes paid to other cities (lesser of the amount withheld or 2%)
<b>TOTALS</b>						
			Line 3		Line 1	Line 6

**TAX** 2. DUBLIN INCOME TAX. MULTIPLY LINE 1 BY 2% (.02)..... 2 \$ \_\_\_\_\_

**TAX WITHHELD, PAYMENTS AND CREDITS**  
 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 \$ \_\_\_\_\_

By signing this return, the undersigned hereby declares under penalty of perjury, that this return is true, correct and complete. Furthermore, the undersigned also declares that they have not requested and/or received a refund of local tax from any other taxing jurisdiction for the taxable income listed above.

If this return was prepared by a tax practitioner, check here if we may contact them 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

ATTACH W-2'S HERE