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FORM D-1040EZ

CITY OF DUBLIN, OHIO
DIVISION OF TAXATION
Telephone (614) 410-4460
Toll Free (888) 490-8154
Fax (614) 923-5520

City of Dublin

INDIVIDUAL INCOME TAX RETURN 2015

FILE ON OR BEFORE APRIL 18, 2016

Primary social security number

Secondary social security number

REFUND
(An amount must be placed in Line 13 for this return to be considered a valid refund request.)

File Number

Name

Address

City/State/Zip

Email

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. Enter spouse's social security number above and full name here. ► _____

ALL APPROPRIATE W-2'S, FEDERAL SCHEDULES, EXPLANATIONS MUST BE ATTACHED

INCOME	1.	Total W-2 wages. For multiple W-2's, complete worksheet A below W-2's **MUST BE ATTACHED**	1	$
	2.*	2106 Expenses. Complete worksheet A below. See instructions. **MUST BE ATTACHED**	2	$
	3.	DUBLIN TAXABLE INCOME SUBTRACT LINE 2 FROM LINE 1	3	$
TAX	4.	DUBLIN INCOME TAX. MULTIPLY LINE 3 BY 2% (.02)	4	$
TAX WITHHELD, PAYMENTS AND CREDITS	5.	Dublin income tax withheld from W-2	5	$
	6.	Prior year credits	6	$
	7.	Estimated payments	7	$
	8.	Credit for taxes withheld to other cities **(limit 2.0%)**. See instructions	8	$
	9.	Credit for taxes paid to other cities **(limit 2.0%)**. See instructions	9	$
	10.	TOTAL PAYMENTS AND CREDITS. ADD LINES 5 THROUGH 9	10	$
BALANCE DUE	11.	Total due – If line 4 is more than line 10, enter balance due (no tax due if less than $1.01).	11	$ 0.00
REFUND OR CREDIT	12.	**OVERPAYMENT.** If line 4 is less than line 10, enter overpayment here	12	$
	13.	AMOUNT FROM LINE 12 TO BE **REFUNDED** (No refund if less than $1.01)	13	$
	14.	AMOUNT FROM LINE 12 TO BE **CREDITED** TO NEXT YEAR	14	$

ATTACH W-2'S HERE

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

	COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6
	CITY WHERE EMPLOYED	BOX 5 WAGES FROM W-2	*2106 EXPENSES, IF ANY	DUBLIN TAX WITHHELD	*OTHER CITY TAX WITHHELD	CREDIT FOR TAXES WITHHELD TO OTHER CITY/JEDD
A.						
B.						
C.						
D.						
E.	TOTALS					
	ENTER ON:		LINE 2	LINE 5		LINE 8

***Income reduced by 2106 and earned in another city must also reduce the tax withheld for that city by the same percentage and is limited to 2%.**

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 9062, Dublin, Ohio 43017-0962

REFUNDS:
City of Dublin
Division of Taxation
P.O. Box 800, Dublin, Ohio 43017-0900

ONLINE PAYMENTS CAN BE MADE AT https://ipn.paymentus.com/otp/stde/codb