



CITY OF DUBLIN

DIVISION OF TAXATION
City of Dublin
P.O. Box 800
Dublin, Ohio 43017-0900

IMPORTANT TAX INFORMATION

EMPLOYER MUNICIPAL QUARTERLY WITHHOLDING BOOKLET

INSTRUCTIONS FOR PREPARING AND FILING WITHHOLDING RETURN (FORM W1)

Who Must File:

Each employer within the City of Dublin, Ohio who employs one or more persons is required to withhold the tax of two percent (2%) from all compensation paid to employees at the time such compensation is paid, and to file Withholding Return (Form W1) and remit tax to the City of Dublin Income Tax Division.

Deposit Requirements:

Quarterly - If less than \$100 per month, is withheld, the deposit is paid to The City of Dublin and is due by the last day of the month following the end of a quarterly period.

Monthly - If more than \$100, but less than \$1000 is withheld for a monthly period, the deposit is due by the 15th of the following month. The last monthly payment in a quarter may be made on the last day of the month following that quarter.

Semi-Monthly - If more than \$1000 per month is withheld (or \$12,000 per year) the deposits are due semi-monthly. Deposits shall be paid to the City of Dublin within five banking days after the 15th and the last day of each month.

For a complete description of deposit requirements you may request a copy of the tax ordinance for the City of Dublin or access the city code at www.dublin.oh.us.

Failure to File Return and Pay Tax:

All taxes, including taxes withheld or required to be withheld from wages by an employer, and remaining unpaid after they become due shall bear interest on the

amount of the unpaid tax at the rate of eighteen percent (18%) per annum. The taxpayers upon whom said taxes are imposed, and the employers required by this Ordinance to deduct, withhold and pay taxes imposed by the Ordinance, shall be liable in addition thereto, to a penalty of ten percent (10%) of the amount of the unpaid tax.

In addition, any taxpayer who shall fail or refuse to make any return or declaration required by the Ordinance, or any taxpayer who shall refuse to permit the Income Tax Administrator to examine his books, or who shall knowingly make any incomplete, false or fraudulent return, or who shall attempt to avoid the payment of tax, shall be guilty of a misdemeanor and shall be fined not more than \$500 or imprisoned for not more than ninety (90) days or both. The failure of any taxpayer to receive a return or declaration form shall not excuse him from making a return or declaration or from paying the tax.

How to Prepare This Form:

Line 1 - Enter total compensation PAID to all taxable employees during the period for which return is made. If no compensation was paid during the period so indicate and return form W1. A W-1 form is required regardless if there were no withholdings for that period.

Line 2 - Enter total ACTUAL tax withheld from taxable employees during the period for CITY OF DUBLIN-INCOME TAX.

Line 3 - Adjust current payment of actual tax withheld for under payment in previous period. For overpayment in previous period, file amended return for that period.

Line 6 - Enter total amount to be remitted.

CITY OF DUBLIN OHIO, EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD

AMENDED

Return with Payment

| | DOLLARS | CENTS |
|---|---------|-------|
| 1. Taxable Earnings paid all Employees subject to City of Dublin, Ohio, 2% (.02) Income Tax Is this a courtesy withholding? <input type="checkbox"/> YES Is this a final return? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, attach explanation | 1 | |
| 2. Actual Tax Withheld in month/quarter for City Income Tax | 2 | |
| 3. Adjustment of Tax for prior quarter (see instructions) | 3 | |
| 4. Penalty (10%) _____ | 4 | |
| 5. Interest (1 1/2% per month) _____ | 5 | |
| 6. Total – (Lines 2-5) | 6 | |

I hereby certify that the information and statements contained herein are true and correct.

(Signed) _____

(Official Title) _____

Date

Federal ID no. _____

**THIS RETURN MUST BE FILED
ON OR BEFORE THE DUE DATE SHOWN BELOW
MAKE CHECK OR MONEY ORDER PAYABLE TO
CITY OF DUBLIN**

NAME AND ADDRESS

FOR THE PERIOD ENDING
MARCH 31, 2003
DUE ON OR BEFORE
APRIL 30, 2003

**MAIL TO:
DIVISION OF TAXATION
CITY OF DUBLIN
P.O. BOX 800
DUBLIN OHIO 43017-0900
TELEPHONE (614) 410-4460**

Notify the Division of Taxation promptly of any change in ownership or name and address shown above.

If receipt is desired, submit additional copy and enclose self-addressed, stamped envelope.

CITY OF DUBLIN OHIO, EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD

AMENDED

Return with Payment

| | DOLLARS | CENTS |
|---|---------|-------|
| 1. Taxable Earnings paid all Employees subject to City of Dublin, Ohio, 2% (.02) Income Tax Is this a courtesy withholding? <input type="checkbox"/> YES Is this a final return? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, attach explanation | 1 | |
| 2. Actual Tax Withheld in month/quarter for City Income Tax | 2 | |
| 3. Adjustment of Tax for prior quarter (see instructions) | 3 | |
| 4. Penalty (10%) _____ | 4 | |
| 5. Interest (1 1/2% per month) _____ | 5 | |
| 6. Total – (Lines 2-5) | 6 | |

I hereby certify that the information and statements contained herein are true and correct.

(Signed) _____

(Official Title) _____

Date

Federal ID no. _____

**THIS RETURN MUST BE FILED
ON OR BEFORE THE DUE DATE SHOWN BELOW
MAKE CHECK OR MONEY ORDER PAYABLE TO
CITY OF DUBLIN**

NAME AND ADDRESS

FOR THE PERIOD ENDING
JUNE 30, 2003
DUE ON OR BEFORE
JULY 31, 2003

**MAIL TO:
DIVISION OF TAXATION
CITY OF DUBLIN
P.O. BOX 800
DUBLIN OHIO 43017-0900
TELEPHONE (614) 410-4460**

Notify the Division of Taxation promptly of any change in ownership or name and address shown above.

If receipt is desired, submit additional copy and enclose self-addressed, stamped envelope.

CITY OF DUBLIN OHIO, EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD

AMENDED

Return with Payment

| | DOLLARS | CENTS |
|---|---------|-------|
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| 2. Actual Tax Withheld in month/quarter for City Income Tax | 2 | |
| 3. Adjustment of Tax for prior quarter (see instructions) | 3 | |
| 4. Penalty (10%) _____ | 4 | |
| 5. Interest (1 1/2% per month) _____ | 5 | |
| 6. Total – (Lines 2-5) | 6 | |

I hereby certify that the information and statements contained herein are true and correct.

(Signed) _____

(Official Title) _____

Date

Federal ID no. _____

**THIS RETURN MUST BE FILED
ON OR BEFORE THE DUE DATE SHOWN BELOW
MAKE CHECK OR MONEY ORDER PAYABLE TO
CITY OF DUBLIN**

NAME AND ADDRESS

FOR THE PERIOD ENDING
SEPTEMBER 30, 2003
DUE ON OR BEFORE
OCTOBER 31, 2003

**MAIL TO:
DIVISION OF TAXATION
CITY OF DUBLIN
P.O. BOX 800
DUBLIN OHIO 43017-0900
TELEPHONE (614) 410-4460**

Notify the Division of Taxation promptly of any change in ownership or name and address shown above.

If receipt is desired, submit additional copy and enclose self-addressed, stamped envelope.

CITY OF DUBLIN OHIO, EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD

AMENDED

Return with Payment

| | DOLLARS | CENTS |
|---|---------|-------|
| 1. Taxable Earnings paid all Employees subject to City of Dublin, Ohio, 2% (.02) Income Tax Is this a courtesy withholding? <input type="checkbox"/> YES Is this a final return? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, attach explanation | 1 | |
| 2. Actual Tax Withheld in month/quarter for City Income Tax | 2 | |
| 3. Adjustment of Tax for prior quarter (see instructions) | 3 | |
| 4. Penalty (10%) _____ | 4 | |
| 5. Interest (1 1/2% per month) _____ | 5 | |
| 6. Total – (Lines 2-5) | 6 | |

I hereby certify that the information and statements contained herein are true and correct.

(Signed) _____

(Official Title) _____

Date

Federal ID no. _____

**THIS RETURN MUST BE FILED
ON OR BEFORE THE DUE DATE SHOWN BELOW
MAKE CHECK OR MONEY ORDER PAYABLE TO
CITY OF DUBLIN**

NAME AND ADDRESS

FOR THE PERIOD ENDING
DECEMBER 31, 2003
DUE ON OR BEFORE
JANUARY 30, 2004

**MAIL TO:
DIVISION OF TAXATION
CITY OF DUBLIN
P.O. BOX 800
DUBLIN OHIO 43017-0900
TELEPHONE (614) 410-4460**

Notify the Division of Taxation promptly of any change in ownership or name and address shown above.

If receipt is desired, submit additional copy and enclose self-addressed, stamped envelope.

Form W3
CITY OF DUBLIN ANNUAL RECONCILIATION RETURN
SUBMIT BY FEBRUARY 28. W-2'S MUST BE ATTACHED

MAIL TO: DIVISION OF TAXATION PHONE: (614) 410-4460
CITY OF DUBLIN
P.O. BOX 800
DUBLIN, OH 43017-0900

FOR TAX YEAR ENDING 2003

PAYMENT ENCLOSED

REFUND REQUESTED

SEE INSTRUCTIONS

NAME: _____ **FIN:** _____

| | |
|-------------|-------------|
| JANUARY | JULY |
| FEBRUARY | AUGUST |
| MARCH | SEPTEMBER |
| 1ST QUARTER | 3RD QUARTER |
| APRIL | OCTOBER |
| MAY | NOVEMBER |
| JUNE | DECEMBER |
| 2ND QUARTER | 4TH QUARTER |

| ALL SECTIONS MUST BE COMPLETED | |
|---|----------|
| 1. TOTAL DUBLIN W-2'S | _____ |
| DUBLIN WAGES SUBJECT | |
| 2. TO WITHHOLDING TAX | \$ _____ |
| AMOUNT OF DUBLIN | |
| 3. TAX WITHHELD | \$ _____ |
| AMOUNT OF RESIDENCE | |
| 4. TAX WITHHELD | \$ _____ |
| 5. TOTAL DUBLIN TAX PAID | \$ _____ |

I hereby certify that the information and statements contained herein are true and correct.

Signed _____ Title _____

Fed. ID No. _____ Date _____

Quarterly Withholding Tax Worksheet

(Keep for your records - Do not file)

| <u>Quarter Ending</u> | <u>Payment Due</u> | <u>Check No.</u> | <u>Date</u> | <u>Amount Paid</u> |
|---------------------------|------------------------|------------------|-------------|--------------------|
| 3/31 | 4/30 | _____ | _____ | _____ |
| 6/30 | 7/31 | _____ | _____ | _____ |
| 9/30 | 10/31 | _____ | _____ | _____ |
| 12/31 | 1/30 | _____ | _____ | _____ |