

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

MAIL TO: DIVISION OF TAXATION
 CITY OF DUBLIN
 P.O. BOX 800
 DUBLIN, OH 43017-0900

PHONE: (614) 410-4460

FOR TAX YEAR ENDING 2002

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 _____