

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**

- TOTAL DUBLIN W-2'S _____
 DUBLIN WAGES SUBJECT
- TO WITHHOLDING TAX \$ _____
 AMOUNT OF DUBLIN
- TAX WITHHELD \$ _____
 AMOUNT OF RESIDENCE
- TAX WITHHELD \$ _____
- TOTAL DUBLIN TAX PAID \$ _____

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

Signed _____ Title _____

Fed. ID No. _____ Date _____