

**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 3550**  
**DUBLIN, OH 43016-0274**

**FOR TAX YEAR ENDING 2005**

**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

<b>ALL SECTIONS MUST BE COMPLETED</b>	
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 \_\_\_\_\_