



CITY OF DUBLIN

DIVISION OF TAXATION
City of Dublin
P.O. Box 9062
Dublin, Ohio 43017-0962

IMPORTANT TAX INFORMATION

EMPLOYER MUNICIPAL SEMI-MONTHLY 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 must be received by the City of Dublin 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 must be received by the City of Dublin by the 15th day of the following month.

Semi-Monthly - If more than \$1000 per month is withheld (or \$12,000 per year) the deposits must be received by the City of Dublin within three 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 are 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 W1 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 SEMI – MONTHLY 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 RECEIVED
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

JANUARY 15, 2005

Must be received by

JANUARY 20, 2005

**MAIL TO:
DIVISION OF TAXATION
CITY OF DUBLIN
P.O. BOX 3550
DUBLIN, OH 43016-0274
TELEPHONE (614) 410-4460**

1

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 W1

CITY OF DUBLIN, OHIO EMPLOYER'S SEMI – MONTHLY RETURN OF TAX WITHHELD

AMENDED

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(Official Title) _____

Date

Federal ID no. _____

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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

JANUARY 31, 2005

Must be received by

FEBRUARY 3, 2005

**MAIL TO:
DIVISION OF TAXATION
CITY OF DUBLIN
P.O. BOX 3550
DUBLIN, OH 43016-0274
TELEPHONE (614) 410-4460**

2

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AMENDED

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MAKE CHECK OR MONEY ORDER PAYABLE TO
CITY OF DUBLIN**

NAME AND ADDRESS

FOR THE PERIOD ENDING

FEBRUARY 15, 2005

Must be received by

FEBRUARY 18, 2005

**MAIL TO:
DIVISION OF TAXATION
CITY OF DUBLIN
P.O. BOX 3550
DUBLIN, OH 43016-0274
TELEPHONE (614) 410-4460**

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MAKE CHECK OR MONEY ORDER PAYABLE TO
CITY OF DUBLIN**

NAME AND ADDRESS

FOR THE PERIOD ENDING

FEBRUARY 28, 2005

Must be received by

MARCH 3, 2005

**MAIL TO:
DIVISION OF TAXATION
CITY OF DUBLIN
P.O. BOX 3550
DUBLIN, OH 43016-0274
TELEPHONE (614) 410-4460**

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MAKE CHECK OR MONEY ORDER PAYABLE TO
CITY OF DUBLIN**

NAME AND ADDRESS

FOR THE PERIOD ENDING

MARCH 15, 2005

Must be received by

MARCH 18, 2005

**MAIL TO:
DIVISION OF TAXATION
CITY OF DUBLIN
P.O. BOX 3550
DUBLIN, OH 43016-0274
TELEPHONE (614) 410-4460**

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FORM W1

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AMENDED

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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, 2005

Must be received by

APRIL 5, 2005

**MAIL TO:
DIVISION OF TAXATION
CITY OF DUBLIN
P.O. BOX 3550
DUBLIN, OH 43016-0274
TELEPHONE (614) 410-4460**

6

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CITY OF DUBLIN, OHIO EMPLOYER'S SEMI – MONTHLY RETURN OF TAX WITHHELD

AMENDED

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(Official Title) _____

Date

Federal ID no. _____

**THIS RETURN MUST BE RECEIVED
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MAKE CHECK OR MONEY ORDER PAYABLE TO
CITY OF DUBLIN**

NAME AND ADDRESS

FOR THE PERIOD ENDING

APRIL 15, 2005

Must be received by

APRIL 20, 2005

**MAIL TO:
DIVISION OF TAXATION
CITY OF DUBLIN
P.O. BOX 3550
DUBLIN, OH 43016-0274
TELEPHONE (614) 410-4460**

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CITY OF DUBLIN, OHIO EMPLOYER'S SEMI – MONTHLY RETURN OF TAX WITHHELD

AMENDED

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MAKE CHECK OR MONEY ORDER PAYABLE TO
CITY OF DUBLIN**

NAME AND ADDRESS

FOR THE PERIOD ENDING

APRIL 30, 2005

Must be received by

MAY 4, 2005

**MAIL TO:
DIVISION OF TAXATION
CITY OF DUBLIN
P.O. BOX 3550
DUBLIN, OH 43016-0274
TELEPHONE (614) 410-4460**

8

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FORM W1

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CITY OF DUBLIN, OHIO EMPLOYER'S SEMI – MONTHLY RETURN OF TAX WITHHELD

AMENDED

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CITY OF DUBLIN**

NAME AND ADDRESS

FOR THE PERIOD ENDING

MAY 15, 2005

Must be received by

MAY 18, 2005

**MAIL TO:
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CITY OF DUBLIN
P.O. BOX 3550
DUBLIN, OH 43016-0274
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MAKE CHECK OR MONEY ORDER PAYABLE TO
CITY OF DUBLIN**

NAME AND ADDRESS

FOR THE PERIOD ENDING

MAY 31, 2005

Must be received by

JUNE 3, 2005

**MAIL TO:
DIVISION OF TAXATION
CITY OF DUBLIN
P.O. BOX 3550
DUBLIN, OH 43016-0274
TELEPHONE (614) 410-4460**

10

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CITY OF DUBLIN, OHIO EMPLOYER'S SEMI – MONTHLY RETURN OF TAX WITHHELD

AMENDED

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MAKE CHECK OR MONEY ORDER PAYABLE TO
CITY OF DUBLIN**

NAME AND ADDRESS

FOR THE PERIOD ENDING

JUNE 15, 2005

Must be received by

JUNE 20, 2005

**MAIL TO:
DIVISION OF TAXATION
CITY OF DUBLIN
P.O. BOX 3550
DUBLIN, OH 43016-0274
TELEPHONE (614) 410-4460**

11

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FORM W1

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CITY OF DUBLIN, OHIO EMPLOYER'S SEMI – MONTHLY RETURN OF TAX WITHHELD

AMENDED

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Federal ID no. _____

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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, 2005

Must be received by

JULY 6, 2005

**MAIL TO:
DIVISION OF TAXATION
CITY OF DUBLIN
P.O. BOX 3550
DUBLIN, OH 43016-0274
TELEPHONE (614) 410-4460**

12

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

FORM W1

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CITY OF DUBLIN, OHIO EMPLOYER'S SEMI – MONTHLY RETURN OF TAX WITHHELD

AMENDED

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CITY OF DUBLIN**

NAME AND ADDRESS

FOR THE PERIOD ENDING

JULY 15, 2005

Must be received by

JULY 20, 2005

**MAIL TO:
DIVISION OF TAXATION
CITY OF DUBLIN
P.O. BOX 3550
DUBLIN, OH 43016-0274
TELEPHONE (614) 410-4460**

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CITY OF DUBLIN, OHIO EMPLOYER'S SEMI – MONTHLY RETURN OF TAX WITHHELD

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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

JULY 31, 2005

Must be received by

AUGUST 3, 2005

**MAIL TO:
DIVISION OF TAXATION
CITY OF DUBLIN
P.O. BOX 3550
DUBLIN, OH 43016-0274
TELEPHONE (614) 410-4460**

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CITY OF DUBLIN, OHIO EMPLOYER'S SEMI – MONTHLY RETURN OF TAX WITHHELD

AMENDED

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Date

Federal ID no. _____

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MAKE CHECK OR MONEY ORDER PAYABLE TO
CITY OF DUBLIN**

NAME AND ADDRESS

FOR THE PERIOD ENDING

AUGUST 15, 2005

Must be received by

AUGUST 18, 2005

**MAIL TO:
DIVISION OF TAXATION
CITY OF DUBLIN
P.O. BOX 3550
DUBLIN, OH 43016-0274
TELEPHONE (614) 410-4460**

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CITY OF DUBLIN, OHIO EMPLOYER'S SEMI – MONTHLY RETURN OF TAX WITHHELD

AMENDED

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(Official Title) _____

Date

Federal ID no. _____

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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

AUGUST 31, 2005

Must be received by

SEPTEMBER 6, 2005

**MAIL TO:
DIVISION OF TAXATION
CITY OF DUBLIN
P.O. BOX 3550
DUBLIN, OH 43016-0274
TELEPHONE (614) 410-4460**

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CITY OF DUBLIN, OHIO EMPLOYER'S SEMI – MONTHLY RETURN OF TAX WITHHELD

AMENDED

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NAME AND ADDRESS

FOR THE PERIOD ENDING

SEPTEMBER 15, 2005

Must be received by

SEPTEMBER 20, 2005

**MAIL TO:
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P.O. BOX 3550
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CITY OF DUBLIN, OHIO EMPLOYER'S SEMI – MONTHLY 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 RECEIVED
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, 2005

Must be received by

OCTOBER 5, 2005

**MAIL TO:
DIVISION OF TAXATION
CITY OF DUBLIN
P.O. BOX 3550
DUBLIN, OH 43016-0274
TELEPHONE (614) 410-4460**

18

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 W1

CITY OF DUBLIN, OHIO EMPLOYER'S SEMI – MONTHLY 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 RECEIVED
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

OCTOBER 15, 2005

Must be received by

OCTOBER 19, 2005

**MAIL TO:
DIVISION OF TAXATION
CITY OF DUBLIN
P.O. BOX 3550
DUBLIN, OH 43016-0274
TELEPHONE (614) 410-4460**

19

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

FORM W1

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

CITY OF DUBLIN, OHIO EMPLOYER'S SEMI – MONTHLY 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 RECEIVED
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

OCTOBER 31, 2005

Must be received by

NOVEMBER 3, 2005

**MAIL TO:
DIVISION OF TAXATION
CITY OF DUBLIN
P.O. BOX 3550
DUBLIN, OH 43016-0274
TELEPHONE (614) 410-4460**

20

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

FORM W1

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

CITY OF DUBLIN, OHIO EMPLOYER'S SEMI – MONTHLY 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 RECEIVED
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

NOVEMBER 15, 2005

Must be received by

NOVEMBER 18, 2005

**MAIL TO:
DIVISION OF TAXATION
CITY OF DUBLIN
P.O. BOX 3550
DUBLIN, OH 43016-0274
TELEPHONE (614) 410-4460**

21

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

FORM W1

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

CITY OF DUBLIN, OHIO EMPLOYER'S SEMI – MONTHLY 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 RECEIVED
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

NOVEMBER 30, 2005

Must be received by

DECEMBER 5, 2005

**MAIL TO:
DIVISION OF TAXATION
CITY OF DUBLIN
P.O. BOX 3550
DUBLIN, OH 43016-0274
TELEPHONE (614) 410-4460**

22

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

FORM W1

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

CITY OF DUBLIN, OHIO EMPLOYER'S SEMI – MONTHLY 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 RECEIVED
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 15, 2005

Must be received by

DECEMBER 20, 2005

**MAIL TO:
DIVISION OF TAXATION
CITY OF DUBLIN
P.O. BOX 3550
DUBLIN, OH 43016-0274
TELEPHONE (614) 410-4460**

23

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

FORM W1

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

CITY OF DUBLIN, OHIO EMPLOYER'S SEMI – MONTHLY 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 RECEIVED
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, 2005

Must be received by

JANUARY 5, 2006

**MAIL TO:
DIVISION OF TAXATION
CITY OF DUBLIN
P.O. BOX 3550
DUBLIN, OH 43016-0274
TELEPHONE (614) 410-4460**

24

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

FORM W1

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

GENERAL INFORMATION

On or before February 28 of each year, each employer must file a withholding reconciliation return on the City of Dublin Form W3. Copies of all W-2 forms applicable to the reconciliation must be attached. All W-2's must furnish the name, address, social security number, gross wages, city tax withheld, name of city for which tax was withheld, and any other compensation paid to the individual. If copies of the W-2 forms are not available, each employer must provide a listing of all employees subject to Dublin tax. The listing shall require the same type of information as is required on the W-2 form.

Any individual(s) or business entity compensating individuals on a commission or contract labor basis must furnish copies of the 1099 or appropriate earning statement on or before February 28 of each year. All 1099's or earnings statements shall require the same type of information as is required on the W-2 forms as stated above.

SPECIFIC FILING INFORMATION

The front of the Form W3 must show a breakdown of all withholding payments made quarterly, monthly, or semi-monthly in the boxes provided. Sections 1, 2, 3, 4 and 5 must be completed. The total tax paid should be equal to 2% of box 2. The completed W3 form and all attachments must be submitted to the Division of Taxation, City of Dublin, P.O. Box 3550, Dublin, OH 43016-0274 on or before February 28 of each year. Any questions in completing the Form W3 should be referred to the Division of Taxation at (614) 410-4460.

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

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 _____

Withholding Tax Worksheet

(Keep for your records - Do not file)

<u>Period</u> <u>Ending</u>	<u>Due</u> <u>Date</u>	<u>Check #</u>	<u>Date</u>	<u>Amount</u>
1/15	1/20	_____	_____	_____
1/31	2/3	_____	_____	_____
2/15	2/18	_____	_____	_____
2/28	3/3	_____	_____	_____
3/15	3/18	_____	_____	_____
3/31	4/5	_____	_____	_____
4/15	4/20	_____	_____	_____
4/30	5/4	_____	_____	_____
5/15	5/18	_____	_____	_____
5/31	6/3	_____	_____	_____
6/15	6/20	_____	_____	_____
6/30	7/6	_____	_____	_____

Withholding Tax Worksheet

(Keep for your records - Do not file)

<u>Period</u> <u>Ending</u>	<u>Due</u> <u>Date</u>	<u>Check #</u>	<u>Date</u>	<u>Amount</u>
7/15	7/20	_____	_____	_____
7/31	8/3	_____	_____	_____
8/15	8/18	_____	_____	_____
8/31	9/6	_____	_____	_____
9/15	9/20	_____	_____	_____
9/30	10/5	_____	_____	_____
10/15	10/19	_____	_____	_____
10/31	11/3	_____	_____	_____
11/15	11/18	_____	_____	_____
11/30	12/5	_____	_____	_____
12/15	12/20	_____	_____	_____
12/31	1/5	_____	_____	_____