

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 9062
DUBLIN, OH 43017-0962

FOR TAX YEAR ENDING 2006

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	_____
2. DUBLIN WAGES SUBJECT TO WITHHOLDING TAX	\$ _____
3. AMOUNT OF DUBLIN TAX WITHHELD	\$ _____
4. AMOUNT OF RESIDENCE TAX WITHHELD	\$ _____
5. TOTAL DUBLIN TAX PAID (SHOULD BE 2% OF LINE 2)	\$ _____

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

Signed _____ Title _____

Fed. ID No. _____ Date _____

Phone # _____