

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 # _____