

**Form W3**  
**CITY OF DUBLIN ANNUAL RECONCILIATION RETURN**  
**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 2007      DUE FEBRUARY 29, 2008**

**PAYMENT ENCLOSED**

**REFUND REQUESTED**

**SEE INSTRUCTIONS**

**NAME:** \_\_\_\_\_

**FIN:** \_\_\_\_\_

**Pin:** \_\_\_\_\_

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	_____
2. DUBLIN WAGES SUBJECT TO WITHHOLDING TAX	\$ _____
3. AMOUNT OF DUBLIN TAX WITHHELD	\$ _____
4. AMOUNT OF RESIDENCE TAX WITHHELD	\$ _____
5. TOTAL DUBLIN TAX DUE	\$ _____

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

Signed \_\_\_\_\_ Title \_\_\_\_\_

Fed. ID No. \_\_\_\_\_ Date \_\_\_\_\_

Phone # \_\_\_\_\_