



CITY OF DUBLIN

DIVISION OF TAXATION
City of Dublin
P.O. Box 9062
Dublin, Ohio 43017-0692

IMPORTANT TAX INFORMATION

EMPLOYER SEMI-MONTHLY WITHHOLDING BOOKLET

SPECIFIC INSTRUCTIONS – READ CAREFULLY

- An employer is required to withhold only on “qualifying wages,” which are wages as defined in Internal Revenue Code Section 3121(a), generally the Medicare Wage Box of the Form W-2.
- **Medicare Exempt Employees** – are subject to the requirements for “qualifying wages” in the Medicare Wage Box of the Form W-2 even though that box will remain blank.
- **Cafeteria Plans** – Internal Revenue Codes Section 125 wages are not included in the definition of Medicare wages and no modification from the amount reported is necessary for City tax reporting purposes.
- **401(k), 457 and Supplemental Unemployment Compensation Benefits** – These items should all be included in the Medicare Wage Box and are subject to withholding requirements.
- **Nonqualified Deferred Compensation Plan** – Income from the nonqualified plans is included in the definition of “qualifying wages” at the time the income is deferred and is subject to withholding requirements.
- **Stock Options** – Income from the exercise of stock options is included in the definition of “qualifying wages” and is subject to withholding requirement.
- The IRS requires, but currently does not enforce, the inclusion of incentive stock option and employee stock purchase plan option income in Medicare wages. You must comply with the IRS requirements regarding these types of stock option income when calculating “qualifying wages” based on Medicare wages. Please consult your tax advisor regarding your specific compensation program and its effect on calculating “qualifying wages.”

Line 1 – Enter total compensation PAID to all Dublin taxable employees during the period for which return is made.

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 underpayment in previous period. If claiming an overpayment from a prior period, attach a letter requesting the overpayment be transferred to this period.

Line 4 – Late Penalty Charge – 10% of Line 4.

Line 5 – Late Interest Charge – 1.5% per month or fraction thereof.

Line 6 – Total (lines 2-5)

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 2a. Amount of Dublin Tax Withheld _____ 2b. Amount of Residence Tax Withheld _____	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**

**MAIL TO:
DIVISION OF TAXATION
CITY OF DUBLIN**

P.O. BOX 9062
DUBLIN, OH 43017-0962
TELEPHONE (614) 410-4460

1

FOR THE PERIOD ENDING

JANUARY 15, 2008

Must be received by

JANUARY 18, 2008

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

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

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

AMENDED

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P.O. BOX 9062
DUBLIN, OH 43017-0962
TELEPHONE (614) 410-4460

2

NAME AND ADDRESS

FOR THE PERIOD ENDING

JANUARY 31, 2008

Must be received by

FEBRUARY 5, 2008

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.

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

AMENDED

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CITY OF DUBLIN**

P.O. BOX 9062
DUBLIN, OH 43017-0962
TELEPHONE (614) 410-4460

3

FOR THE PERIOD ENDING

FEBRUARY 15, 2008

Must be received by

FEBRUARY 21, 2008

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.

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

AMENDED

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P.O. BOX 9062
DUBLIN, OH 43017-0962
TELEPHONE (614) 410-4460

4

FOR THE PERIOD ENDING

FEBRUARY 29, 2008

Must be received by

MARCH 5, 2008

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

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

FORM W1

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

AMENDED

Return with Payment

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(Official Title) _____

Date

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**MAIL TO:
DIVISION OF TAXATION
CITY OF DUBLIN**

P.O. BOX 9062
DUBLIN, OH 43017-0962
TELEPHONE (614) 410-4460

5

FOR THE PERIOD ENDING

MARCH 15, 2008

Must be received by

MARCH 19, 2008

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

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

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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P.O. BOX 9062
DUBLIN, OH 43017-0962
TELEPHONE (614) 410-4460

6

NAME AND ADDRESS

FOR THE PERIOD ENDING

MARCH 31, 2008

Must be received by

APRIL 3, 2008

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

FORM W1

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

AMENDED

Return with Payment

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(Official Title) _____

Date

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CITY OF DUBLIN**

P.O. BOX 9062
DUBLIN, OH 43017-0962
TELEPHONE (614) 410-4460

7

NAME AND ADDRESS

FOR THE PERIOD ENDING

APRIL 15, 2008

Must be received by

APRIL 18, 2008

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

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CITY OF DUBLIN**

P.O. BOX 9062
DUBLIN, OH 43017-0962
TELEPHONE (614) 410-4460

8

NAME AND ADDRESS

FOR THE PERIOD ENDING

APRIL 30, 2008

Must be received by

MAY 5, 2008

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

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TELEPHONE (614) 410-4460

9

NAME AND ADDRESS

FOR THE PERIOD ENDING

MAY 15, 2008

Must be received by

MAY 20, 2008

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

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

AMENDED

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CITY OF DUBLIN**

P.O. BOX 9062
DUBLIN, OH 43017-0962
TELEPHONE (614) 410-4460

10

FOR THE PERIOD ENDING

MAY 31, 2008

Must be received by

JUNE 4, 2008

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.

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

AMENDED

Return with Payment

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P.O. BOX 9062
DUBLIN, OH 43017-0962
TELEPHONE (614) 410-4460

11

NAME AND ADDRESS

FOR THE PERIOD ENDING

JUNE 15, 2008

Must be received by

JUNE 18, 2008

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

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

AMENDED

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TELEPHONE (614) 410-4460

12

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

NAME AND ADDRESS

FOR THE PERIOD ENDING

JUNE 30, 2008

Must be received by

JULY 3, 2008

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

FORM W1

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

AMENDED

Return with Payment

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TELEPHONE (614) 410-4460

13

NAME AND ADDRESS

FOR THE PERIOD ENDING

JULY 15, 2008

Must be received by

JULY 18, 2008

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

AMENDED

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DUBLIN, OH 43017-0962
TELEPHONE (614) 410-4460

14

FOR THE PERIOD ENDING

JULY 31, 2008

Must be received by

AUGUST 5, 2008

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FORM W1

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

AMENDED

Return with Payment

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P.O. BOX 9062
DUBLIN, OH 43017-0962
TELEPHONE (614) 410-4460

15

FOR THE PERIOD ENDING

AUGUST 15, 2008

Must be received by

AUGUST 20, 2008

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

AMENDED

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TELEPHONE (614) 410-4460

16

FOR THE PERIOD ENDING

AUGUST 31, 2008

Must be received by

SEPTEMBER 4, 2008

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FORM W1

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AMENDED

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P.O. BOX 9062
DUBLIN, OH 43017-0962
TELEPHONE (614) 410-4460

17

FOR THE PERIOD ENDING

SEPTEMBER 15, 2008

Must be received by

SEPTEMBER 18, 2008

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

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

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 2a. Amount of Dublin Tax Withheld _____ 2b. Amount of Residence Tax Withheld _____	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**

**MAIL TO:
DIVISION OF TAXATION
CITY OF DUBLIN**

P.O. BOX 9062
DUBLIN, OH 43017-0962
TELEPHONE (614) 410-4460

18

FOR THE PERIOD ENDING

SEPTEMBER 30, 2008

Must be received by

OCTOBER 3, 2008

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

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

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

AMENDED

Return with Payment

	DOLLARS	CENTS
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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**

**MAIL TO:
DIVISION OF TAXATION
CITY OF DUBLIN**

P.O. BOX 9062
DUBLIN, OH 43017-0962
TELEPHONE (614) 410-4460

19

FOR THE PERIOD ENDING

OCTOBER 15, 2008

Must be received by

OCTOBER 20, 2008

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.

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

AMENDED

Return with Payment

	DOLLARS	CENTS
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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**

**MAIL TO:
DIVISION OF TAXATION
CITY OF DUBLIN**

P.O. BOX 9062
DUBLIN, OH 43017-0962
TELEPHONE (614) 410-4460

20

FOR THE PERIOD ENDING

OCTOBER 31, 2008

Must be received by

NOVEMBER 5, 2008

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

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

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

AMENDED

Return with Payment

	DOLLARS	CENTS
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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**

**MAIL TO:
DIVISION OF TAXATION
CITY OF DUBLIN**

P.O. BOX 9062
DUBLIN, OH 43017-0962
TELEPHONE (614) 410-4460

21

FOR THE PERIOD ENDING

NOVEMBER 15, 2008

Must be received by

NOVEMBER 19, 2008

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

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

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	
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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**

**MAIL TO:
DIVISION OF TAXATION
CITY OF DUBLIN**

P.O. BOX 9062
DUBLIN, OH 43017-0962
TELEPHONE (614) 410-4460

22

FOR THE PERIOD ENDING

NOVEMBER 30, 2008

Must be received by

DECEMBER 3, 2008

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.

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	
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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**

**MAIL TO:
DIVISION OF TAXATION
CITY OF DUBLIN**

P.O. BOX 9062
DUBLIN, OH 43017-0962
TELEPHONE (614) 410-4460

23

NAME AND ADDRESS

FOR THE PERIOD ENDING

DECEMBER 15, 2008

Must be received by

DECEMBER 18, 2008

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.

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 2a. Amount of Dublin Tax Withheld _____ 2b. Amount of Residence Tax Withheld _____	2	
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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**

**MAIL TO:
DIVISION OF TAXATION
CITY OF DUBLIN**

P.O. BOX 9062
DUBLIN, OH 43017-0962
TELEPHONE (614) 410-4460

24

FOR THE PERIOD ENDING

DECEMBER 31, 2008

Must be received by

JANUARY 6, 2009

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

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

GENERAL INFORMATION

1. Each employer located or doing business within the city of Dublin, Ohio, who employs one or more persons is required to withhold the tax of 2.0% from all employee compensation at the time of payment and shall remit tax to the city of Dublin income tax division. Note: As an employer, if the Medicare Wage Box is not the largest wage figure on the W-2 form, a written explanation is required.

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 \$1,000 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 \$1,000 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.
2. Delinquent returns and payments shall be subject to penalty and interest at the rate of 10% penalty and 1.5% per month, or fraction thereof, for interest.
 3. The failure of any employer to receive or procure form W1 is not reasonable cause for failing to make payment and to file a return. If you temporarily discontinue paying wages but anticipate future wages, you must nevertheless file a return. If you no longer expect to pay wages subject to the tax reportable on this form, you must file a “final return.” If at some future date you resume paying wages subject to Dublin municipal income tax, notify this office to receive the proper forms. Failure to receive the required form does not relieve you of your obligation to file timely.
 4. Any person, including corporations, partnerships, employers, estates and trusts who files 250 or more information returns of form W-2 for any calendar year must file these returns using magnetic media or such other process as determined acceptable to the director of taxation. All requirements apply separately to both original and corrected forms.
 5. An annual reconciliation is required to be filed with copies of federal form W-2 by February 28 following each calendar year.
 6. **Online Tax Calculation is now available through the City of Dublin Website. Log on and click the Online Tax Tool link. Follow the instructions to create a new account. The information you need is included on your withholding coupons.**

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 2008 DUE FEBRUARY 28, 2009

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 DUE	\$ _____

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

Signed _____ Title _____

Fed. ID No. _____ Date _____

Phone # _____

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	1/18	_____	_____	_____
1/31	2/5	_____	_____	_____
2/15	2/21	_____	_____	_____
2/29	3/5	_____	_____	_____
3/15	3/19	_____	_____	_____
3/31	4/3	_____	_____	_____
4/15	4/18	_____	_____	_____
4/30	5/5	_____	_____	_____
5/15	5/20	_____	_____	_____
5/31	6/4	_____	_____	_____
6/15	6/18	_____	_____	_____
6/30	7/3	_____	_____	_____

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	7/18	_____	_____	_____
7/31	8/5	_____	_____	_____
8/15	8/20	_____	_____	_____
8/31	9/4	_____	_____	_____
9/15	9/18	_____	_____	_____
9/30	10/3	_____	_____	_____
10/15	10/20	_____	_____	_____
10/31	11/5	_____	_____	_____
11/15	11/19	_____	_____	_____
11/30	12/3	_____	_____	_____
12/15	12/18	_____	_____	_____
12/31	1/6	_____	_____	_____