

**CITY OF DUBLIN ANNUAL RECONCILIATION RETURN**  
**W-2'S MUST BE ATTACHED**

**MAIL TO: DIVISION OF TAXATION**  
**CITY OF DUBLIN**  
**P.O. BOX 9062**  
**DUBLIN, OHIO 43017-0962**  
**PHONE: (614) 410-4460**

**FOR TAX YEAR ENDING 2009                      DUE MARCH 1, 2010**

**PAYMENT ENCLOSED**   

**REFUND REQUESTED**   

SEE INSTRUCTIONS

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

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

**FORM W3**

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 NUMBER DUBLIN W-2'S	_____
2. DUBLIN WAGES SUBJECT TO WITHHOLDING TAX	\$ _____
3. AMOUNT OF DUBLIN TAX WITHHELD	\$ _____
4. AMOUNT OF RESIDENCE TAX WITHHELD	\$ _____
5. ADJUSTMENTS	\$ _____
6. TOTAL DUBLIN TAX DUE	\$ _____

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

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

Federal ID no. \_\_\_\_\_ Date \_\_\_\_\_

Phone no. \_\_\_\_\_