

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 2010 DUE FEBRUARY 28, 2011

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 |

| ALL SECTIONS MUST BE COMPLETED | |
|--|----------|
| 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. _____