



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 2014 DUE MARCH 2, 2015

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. _____