



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 2015 DUE FEBRUARY 29, 2016

PAYMENT ENCLOSED

REFUND REQUESTED

SEE INSTRUCTIONS

NAME: _____

FIN: _____

FORM D-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. PAYMENTS ALREADY MADE	\$ _____
7. 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. _____