



DW-3 Employer's Annual Reconciliation Return

EIN/FID Number: _____ W Employer Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Email: _____ Phone: _____	For Calendar Year 2024 <div style="text-align: right; color: green; font-weight: bold;">DUE FEBRUARY 28, 2025</div> <ul style="list-style-type: none"> Attach W-2s or Magnetic Media (CD, etc.) to the back of this return. Visit our website at: www.dublintax.com for electronic filing requirements. Call our office at (614) 410-4460 with any questions. Do not enclose quarterly returns with this form. Attach check if balance due. Do not remit amounts of \$10 or less.
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1. Number of W-2 forms submitted: _____
 2. Dublin Wages subject to withholding tax: _____
 3. Amount of Dublin Tax Withheld (add the amounts from ALL W2s, box 19): _____
 4. Payments already Remitted (from worksheets below): _____
 5. Difference (Tax withheld less tax remitted): _____
- PAYMENT ENCLOSED
 REFUND REQUESTED

WITHHOLDING PAYMENTS BY FILING PERIODS							
QUARTERLY: Enter on lines 1 through 4 the amount paid for withholding tax for each Quarterly filing period.							
1) January 1- March 31		2) April 1- June 30		3) July 1- September 30		4) October 1- December 31	
						TOTAL PAYMENTS	

MONTHLY: Enter on lines 1 through 12 the amount paid for withholding tax for each Monthly filing period.							
1) January		4) April		7) July		10) October	
2) February		5) May		8) August		11) November	
3) March		6) June		9) September		12) December	
						TOTAL PAYMENTS	

SEMI-MONTHLY: Enter on lines 1 through 24 the amount paid for withholding tax for each Semi-Monthly filing period.							
1) Jan 1-15		7) Apr 1-15		13) July 1-15		19) Oct 1-15	
2) Jan 16-31		8) Apr 16-30		14) July 16-31		20) Oct 16-31	
3) Feb 1-15		9) May 1-15		15) Aug 1-15		21) Nov 1-15	
4) Feb 16-29		10) May 16-31		16) Aug 16-31		22) Nov 16-30	
5) Mar 1-15		11) June 1-15		17) Sept 1-15		23) Dec 1-15	
6) Mar 16-31		12) June 16-30		18) Sept 16-30		24) Dec 16-31	
						TOTAL PAYMENTS	

OFFICER NAME/TITLE (Please print)

OFFICER SIGNATURE

Mail this original form and all W-2s to:
 City of Dublin Division of Taxation
 PO Box 9062
 Dublin, OH 43017-0962

DATE: _____