



# DWSM-1 Employer's Semi-Monthly Return of City Tax Withheld

EIN/FID Number: _____ <b>W</b> Employer Name: _____ Address: _____ City: _____ State: _____ Zip: _____	Tax Year _____ Period _____ Choose an item. Choose an item. Should this account be inactivated? <input type="checkbox"/> YES <input type="checkbox"/> No IF YES Please explain _____ Effective date _____
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**WITHHOLDING INFORMATION**

	QUALIFYING WAGES	TAX RATE	TAX DUE	PENALTY	INTEREST	TOTAL DUE	LESS PRIOR PAYMENT	NET DUE
Dublin Workplace		2%						
Dublin Remote Work		2%						
Courtesy*								
*Courtesy is for tax due from residents working in cities with a lower tax rate or no local tax						<b>TOTAL</b>		

**\*\*Please do not remit amounts of \$10.00 or less**

Complete this section **ONLY** if you are **AMENDING** a prior return

Explanation for Changes: \_\_\_\_\_

Wages Originally Reported	Tax Originally Remitted	Corrected Wages	Corrected Tax Due	Difference <small>(Tax Originally remitted less corrected tax due)</small>

**\*\*Please do not remit amounts of \$10.00 or less**

**If difference is a negative, please indicate how you would like to handle the adjustment:**

**REFUND**

**CREDIT THE ADJUSTMENT FORWARD TO NEXT QUARTER**

**SIGNATURE**

\_\_\_\_\_  
OFFICER NAME/TITLE (Please print)

\_\_\_\_\_  
OFFICER SIGNATURE

DATE: \_\_\_\_\_

PHONE: \_\_\_\_\_

Make checks payable to: Dublin Division of Taxation  
 Mail to: PO Box 9062  
 Dublin, Ohio 43017-0962