



DWM-1 Employer's Monthly Return of City Tax Withheld

EIN/FID Number: _____ W Employer Name: _____ Address: _____ City: _____ State: _____ Zip: _____	<table style="width: 100%;"> <tr> <td style="width: 50%;">Tax Year</td> <td style="width: 50%;">Period</td> </tr> <tr> <td>Choose an item.</td> <td>Choose an item.</td> </tr> <tr> <td colspan="2">Should this account be inactivated? <input type="checkbox"/> YES <input type="checkbox"/> No</td> </tr> <tr> <td colspan="2">IF YES</td> </tr> <tr> <td colspan="2">Please explain _____</td> </tr> <tr> <td colspan="2">Effective date _____</td> </tr> </table>	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 _____	
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 _____													

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						TOTAL		

****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

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

DATE: _____

PHONE: _____