



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

EIN/FID Number: _____ W 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						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

DATE: _____

PHONE: _____

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