DW-3 Employer's Annual Reconciliation Return

City of Dublin — OHIO. USA

EIN/FID Number: _____ W

Employer Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

For Calendar Year **2023**

DUE FEBRUARY 29, 2024

- *Attach W-2s* or Magnetic Media (CD, etc.) to the back of this return. Visit our website at: www.dublintax.com for "Magnetic Media" 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.**

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 16-28		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: _____