



## DW-3 Employer's Annual Reconciliation Return

<p>EIN/FID Number: _____ <b>W</b></p> <p>Employer Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Email: _____ Phone: _____</p>	<p>For Calendar Year <span style="float: right; font-size: 2em; font-weight: bold;">2025</span></p> <p style="text-align: right; color: green; font-weight: bold;">DUE MARCH 1, 2026</p> <ul style="list-style-type: none"><li><u>Attach W-2s</u> or Magnetic Media (CD, etc.) to the back of this return. Visit our website at: <a href="http://www.dublintonline.com">www.dublintonline.com</a> for electronic filing requirements. Call our office at (614) 410-4460 with any questions.</li><li>Do not enclose quarterly returns with this form.</li><li>Attach check if balance due. <b>Do not remit amounts of \$10 or less.</b></li></ul>
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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: \_\_\_\_\_