



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

EIN/FID Number: _____ W  Employer Name: _____  Address: _____  City: _____ State: _____ Zip: _____	Tax Year _____  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 (Tax Originally remitted less corrected tax due)

\*\*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:  
Mail to:

Dublin Division of Taxation  
PO Box 9062  
Dublin, Ohio 43017-0962

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

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