



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

EIN/FID Number: _____ W	Tax Year _____ Period _____
Employer Name: _____	Choose an item. _____ Choose an item. _____
Address: _____	Should this account be inactivated? ☐ YES ☐ No
City: _____ State: _____ Zip: _____	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 (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

DATE: _____

PHONE: _____

Make checks payable to:

Dublin Division of Taxation

Mail to:

PO Box 9062

Dublin, Ohio 43017-0962