CITY OF PARMA – DIVISION OF TAXATION

6611 RIDGE ROAL PARMA, OH 4412		RI F FO 4:30 PM	PHONE: (440) 885-8045 – FAX: (440) 885-8044		
NAME ADDRESS CITY/STATE/ZI	P				
D Quarte	ESTIMATE OF QUART erly Billing for Estimated Parr			24 Quart	er
Account Numb	er FID Number	SSN Nui	mber Due [Date	Amount Due
Decla	ration For Tax Year	2024			
Less (rayments This Year Credits From Prior Years Yet To Pay This Year				
Amount due by					
PENALTY AND INTEREST MUST BE ASSESSED WHEN FILING ANNUAL RETURN IF 90% OF TAX OWED WAS NOT PAID ON DECLARATION BY DECEMBER 15, 2024.					
RETAIN THIS UPPER PORTION FOR YOUR RECORDS. DETACH AND RETURN THE FORM BELOW WITH YOUR PAYMENT IN THE ENCLOSED ENVELOPE					
D ESTIMATE OF QUARTERLY TAX DUE Quarterly Billing for Estimated Parma Income Tax for Year 2024 Quarter					
Account Numb	er FID Number	SSN Nui	mber Due [Date	Amount Due
NAME ADDRESS		Make Check Payab	le To: CITY O	F PARMA I	DIV OF TAX
CITY/STATE/ZIP		Mail Check To:	6611 F	F PARMA RIDGE RD A, OH 4412	29

IF YOU HAVE MOVED GIVE US THE DATE _____AND YOUR NEW ADDRESS