

# 2003 City of Parma Income Tax Return

**IF YOU MOVED OR HAD ANY CHANGE IN STATUS DURING 2003, THIS BLOCK MUST BE COMPLETED.**

Mail this return to THE CITY OF PARMA, DIVISION OF TAXATION, P.O. BOX 94734, Cleveland, OH 44101-4734, on or before April 30, 2004 or within 4 months after the close of a fiscal year or period. Phone: (440) 885-8045

Date moved into Parma \_\_\_\_\_  
 Previous Address \_\_\_\_\_  
 Date moved out of Parma \_\_\_\_\_  
 Present Address \_\_\_\_\_  
 If retired, give date \_\_\_\_\_  
 Other Status Change & Date \_\_\_\_\_

PARMA  
ACCOUNT NO.

**Filing Status:**  Individual  Joint  Corporation  Partnership

DATE OF BIRTH, IF UNDER 18 IN 2003: \_\_\_\_\_

\_\_\_\_\_  
Your Social Security Number

\_\_\_\_\_  
Spouse's Social Security Number

Filing for 2003 calendar year

Filing for fiscal year ending \_\_\_\_\_

**1. WAGES AND COMPENSATION (From W-2's only)**

**CAUTION: A copy of all W-2 Forms MUST be attached.**

COLUMN 1	COLUMN 1A	COLUMN 1B	COLUMN 1C	COLUMN 1D	COLUMN 1E
LIST EACH WORK CITY	Total Wages (As shown on W-2 Form)	Withheld for Parma	Withhold for Other Cities	% of Col. 1A See Instructions	Lesser of Column 1C or 1D
	\$	\$	\$	\$	\$
<b>COLUMN TOTALS</b>	\$	\$			\$
	Post (To Line 2)	Post (To Line 9b)			Post (To Line 9c)

- 2) ENTER TOTAL OF COLUMN 1A. SEE INSTRUCTIONS BEFORE GOING TO LINE 3** . . . . . 2 \$ \_\_\_\_\_
- 3) INCOME OTHER THAN WAGES FROM PAGE 2 . . . . . 3 \$ \_\_\_\_\_
- 4) TOTAL INCOME (TOTAL OF LINE 2 AND LINE 3) . . . . . 4 \$ \_\_\_\_\_
- 5) (A) ITEMS NOT DEDUCTIBLE (FROM LINE M SCHEDULE X) . . . . . ADD \$ \_\_\_\_\_
- (B) ITEMS NOT TAXABLE (FROM LINE Z SCHEDULE X) . . . . . DEDUCT \$ \_\_\_\_\_
- (C) ENTER EXCESS OF LINE 5A OR 5B . . . . . 5C \$ \_\_\_\_\_
- 6) (A) ADJUSTED NET INCOME (LINE 4, PLUS OR MINUS LINE 5C) IF SCHEDULE X IS USED . . . . . 6A \$ \_\_\_\_\_
- (B) AMOUNT ALLOCABLE TO PARMA \_\_\_\_\_ % OF LINE 6A **NON-RESIDENT BUSINESSES ONLY** . . . . . 6B \$ \_\_\_\_\_
- (C) LESS ALLOCABLE NET LOSS PER PREVIOUS CITY INCOME TAX RETURNS (SUBMIT SCHEDULE) . . . . . 6C \$ \_\_\_\_\_
- 7) AMOUNT SUBJECT TO CITY INCOME TAX (LINE 6A OR 6 B LESS LINE 6C) . . . . . 7 \$ \_\_\_\_\_

**OTHER INCOME**

- 8) PARMA CITY TAX, 2%. MULTIPLY TOTAL OF LINE 7 BY 2%** . . . . . 8 \$ \_\_\_\_\_
- 9A) ESTIMATED PAYMENTS AND PRIOR YEAR CREDIT . . . . . 9A \$ \_\_\_\_\_
- 9B) WITHHELD FOR PARMA (FROM 1B) . . . . . 9B \$ \_\_\_\_\_
- 9C) CREDIT FOR OTHER CITIES (FROM 1E) . . . . . 9C \$ \_\_\_\_\_
- 9D) DIRECT PAYMENTS TO OTHER CITIES (SEE INSTRUCTIONS) . . . . . 9D \$ \_\_\_\_\_
- 9E) TOTAL PAYMENTS AND CREDITS (ADD LINES 9A THROUGH 9D) . . . . . 9E \$ \_\_\_\_\_
- 10) TAX DUE, LINE 8 LESS LINE 9E IF OVERPAID SEE INSTRUCTIONS . . . . . 10 \$ \_\_\_\_\_
- 11) PENALTY AND INTEREST. 11A PENALTY \$ \_\_\_\_\_ 11 B INTEREST \$ \_\_\_\_\_ (ADD LINE 11A & 11B) . . . . . 11C \$ \_\_\_\_\_
- 12) BALANCE DUE (COMBINE LINES 10 & 11C) . . . . . 12 \$ \_\_\_\_\_
- 13) OVERPAYMENT (IF LINE 12 IS LESS THAN ZERO)
- 13A)  REFUND (IF \$1.00 OR MORE) \$ \_\_\_\_\_ 13B  CREDIT TO 2004 ESTIMATED TAX \$ \_\_\_\_\_

**DECLARATION OF ESTIMATED TAX FOR YEAR 2004**

- 14) ESTIMATED TAX (SEE INSTRUCTIONS)
- A. ESTIMATED TAX LIABILITY 2004 . . . . . 14A \$ \_\_\_\_\_
- B. QUARTERLY ESTIMATED TAX DUE, 1/4 OF 14A LESS CREDIT FROM 13B . . . . . 14B \$ \_\_\_\_\_
- 15) TOTAL DUE CITY OF PARMA (ADD LINES 12 AND 14B) **MAKE CHECK PAYABLE TO: CITY OF PARMA DIV. OF TAX** . . . . . 15 \$ \_\_\_\_\_

I CERTIFY I HAVE EXAMINED THIS RETURN INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE AND CORRECT.

\_\_\_\_\_  
Signature of Person Preparing, if Other Than Taxpayer

\_\_\_\_\_  
Signature of Taxpayer or Agent (Required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Address of Firm

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Signature of Spouse if Joint Return

\_\_\_\_\_  
Date

ATTACH W-2(S)  
HERE

ATTACH CHECK  
HERE

P-1040

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