

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
	\$	\$	\$	\$	\$
COLUMN TOTALS	\$	\$			\$
	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, ¼ 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 _____

P-1040
129638M

ATTACH W-2(s)
HERE

ATTACH CHECK
HERE