CITY OF PARMA – DIVISION OF TAXATION

6611 RIDGE ROAD
PARMA, OH 44129

MON-FRI
8:30 AM TO 4:30 PM

PHONE: (440) 885-8045 – FAX: (440) 885-8044

D **ESTIMATE OF QUARTERLY TAX DUE**

Quarterly Billing for **Estimated** Parma Income Tax for Year Quarter

Account Number	FID/SSN Number	Due Date	Amount Due

Estimated Tax for The Year $

Estimated Parma Tax Due: $
Less Amount Previously Paid: (-) $
Balance Due: $

PENALTY AND INTEREST MUST BE ASSESSED WHEN FILING ANNUAL RETURN IF 80% OF TAX OWED WAS NOT PAID ON DECLARATION BY DECEMBER 31ST.

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 Quarter

Account Number	FID/SSN Number	Due Date	Estd Tax For the Year _____	**Amount Due**

XXXXXXXXXXXXXXXXX

Make Check Payable To: CITY OF PARMA DIV OF TAX

Mail Check To: CITY OF PARMA
PO BOX 94734
CLEVELAND, OH 44101-4734

IF YOU HAVE MOVED GIVE US THE DATE_____AND YOUR NEW ADDRESS