

CITY OF PARMA - DIVISION OF TAXATION EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD

FORM PW-1

I certify that the information and statements contained herein, and in any schedules or exhibits attached are true and correct.

(SIGNED) _____ DATE _____

TITLE _____ FOR QUARTER ENDING 03-31-2016

(Pres. Treasurer, Partner, etc.)

FEDERAL EMPLOYER I.D. NO. _____ PARMA ACCOUNT NUMBER _____

XXXXXXXXXXXXXXXXXX



1	Parma Employment Tax Withheld this Quarter @ 2.5%	
2	Plus Resident Tax Withheld this Quarter	
3	Less Amount Previously Paid in for This Quarter	
4	Interest at 0.42% for Each Month or Fraction Thereof for Late Payment	
5	Penalty of 50% of amount not paid plus \$25.00 for each month late. Capped at \$150.00	
6	Total (Include Interest and Penalty Due)	

If no wages paid this Quarter mark NONE and return this form with explanation

MAKE CHECK PAYABLE AND MAIL THIS FORM TO:

CITY OF PARMA DIV. OF TAX
P.O. BOX 94734
CLEVELAND, OHIO 44101-4734

FOR THE YEAR

2016 Q1

RETURN WITH PAYMENT

DUE ON OR BEFORE 04/15/2016

CITY OF PARMA - DIVISION OF TAXATION EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD

FORM PW-1

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(SIGNED) _____ DATE _____

TITLE _____ FOR QUARTER ENDING 03-31-2016

(Pres. Treasurer, Partner, etc.)

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**TAXPAYER'S COPY
RETAIN FOR YOUR RECORDS
YOU WILL NOT RECEIVE
ANY VALIDATION**

FOR THE YEAR

2016 Q1

DUE ON OR BEFORE 04/15/2016

CITY OF PARMA - DIVISION OF TAXATION EMPLOYER'S QUARTERLY RETURN OF TAX WITHHELD

FORM PW-1

I certify that the information and statements contained herein, and in any schedules or exhibits attached are true and correct.

(SIGNED) _____ DATE _____

TITLE _____ FOR QUARTER ENDING 06-30-2016

(Pres. Treasurer, Partner, etc.)

FEDERAL EMPLOYER I.D. NO. _____ PARMA ACCOUNT NUMBER _____

XXXXXXXXXXXXXXXXXX



1	Parma Employment Tax Withheld this Quarter @ 2.5%	
2	Plus Resident Tax Withheld this Quarter	
3	Less Amount Previously Paid in for This Quarter	
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MAKE CHECK PAYABLE AND MAIL THIS FORM TO:

CITY OF PARMA DIV. OF TAX
P.O. BOX 94734
CLEVELAND, OHIO 44101-4734

FOR THE YEAR

2016 Q2

RETURN WITH PAYMENT

DUE ON OR BEFORE 07/15/2016

Instructions

- 1) Enter amount of employment tax withheld.
- 2) Enter amount of residence tax withheld.
- 3) Enter amount of tax previously paid this quarter.
- 4) Enter interest at the rate of 0.42% per month for any late payment.
- 5) Enter penalty at the rate of 50% of the amount not paid on time plus \$25.00 for each month late. Capped at \$150.00.
- 6) Add total from line 1, 2, 4 and 5 then subtract line 3 and place total on line 6.

Signature - Sign and date return. A return is not considered filed until signed.

Due date - All filings are due by the 15th day following the end of the withholding period.

CONFIRM NAME, ADDRESS AND FEDERAL IDENTIFICATION NUMBER

Instructions

- 1) Enter amount of employment tax withheld.
- 2) Enter amount of residence tax withheld.
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FORM PW-1

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(SIGNED) _____ DATE _____

TITLE _____ FOR QUARTER ENDING 06-30-2016

(Pres. Treasurer, Partner, etc.)

FEDERAL EMPLOYER I.D. NO. _____ PARMA ACCOUNT NUMBER _____

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FOR THE YEAR
2016 Q2
**DUE ON OR BEFORE
07/15/2016**

CITY OF PARMA - DIVISION OF TAXATION EMPLOYER'S QUARTERLY RETURN OF TAX **WITHHELD**

FORM PW-1

I certify that the information and statements contained herein, and in any schedules or exhibits attached are true and correct.

(SIGNED) _____ DATE _____

TITLE _____ FOR QUARTER ENDING 09-30-2016

(Pres. Treasurer, Partner, etc.)

FEDERAL EMPLOYER I.D. NO. _____ PARMA ACCOUNT NUMBER _____

XXXXXXXXXXXXXXXXXX



1	Parma Employment Tax Withheld this Quarter @ 2.5%	
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CLEVELAND, OHIO 44101-4734
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FOR THE YEAR
2016 Q3
**DUE ON OR BEFORE
10/17/2016**

CITY OF PARMA - DIVISION OF TAXATION EMPLOYER'S QUARTERLY RETURN OF TAX **WITHHELD**

FORM PW-1

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(SIGNED) _____ DATE _____

TITLE _____ FOR QUARTER ENDING 09-30-2016

(Pres. Treasurer, Partner, etc.)

FEDERAL EMPLOYER I.D. NO. _____ PARMA ACCOUNT NUMBER _____

XXXXXXXXXXXXXXXXXX



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FOR THE YEAR
2016 Q3
**DUE ON OR BEFORE
10/17/2016**

Instructions

- 1) Enter amount of employment tax withheld.
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FORM PW-1

I certify that the information and statements contained herein, and in any schedules or exhibits attached are true and correct.

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TITLE _____ FOR QUARTER ENDING 12-31-2016

(Pres. Treasurer, Partner, etc.)

FEDERAL EMPLOYER I.D. NO. _____ PARMA ACCOUNT NUMBER _____

XXXXXXXXXXXXXXXXXX



1	Parma Employment Tax Withheld this Quarter @ 2.5%	
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CLEVELAND, OHIO 44101-4734**

FOR THE YEAR

2016 Q4

RETURN WITH PAYMENT

**DUE ON OR BEFORE
01/16/2017**

CITY OF PARMA - DIVISION OF TAXATION EMPLOYER'S QUARTERLY RETURN OF TAX **WITHHELD**

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(Pres. Treasurer, Partner, etc.)

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XXXXXXXXXXXXXXXXXX



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FOR THE YEAR

2016 Q4

**DUE ON OR BEFORE
01/16/2017**

INTENTIONALLY BLANK

Instructions

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