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

XXXXXXXXXX

Reconciliation of Parma Income Tax WITHHELD From Wages
Tax Year 2017

EMPLOYER'S FEDERAL ID# _____

PARMA ACCOUNT # _____

DO NOT FAIL TO FURNISH EMPLOYEE'S ADDRESS ON W2'S

1. Total number of employees as represented by Forms W-2 Submitted herewith _____
2. Total gross employment Parma wages paid during this year. $ _____
3. Total PARMA Income Tax withheld from wages during year shown by employee's statement (Form W-2) $ _____

Please check type of withholding:

- ☐ Parma employment tax only
- ☐ Parma employment and residence tax
- ☐ Parma residence tax only

If any of the above information is incorrect or has changed, please correct below. I.E. (name change, fid# change, business closed, etc.)

_____

_____

3. Total Parma Income Tax Withheld During Year (FORM PW-1)

	Parma Employment Tax @2.5%	Parma Residence Tax
Quarter ended March 31	$	$
Quarter ended June 30	$	$
Quarter ended September 30	$	$
Quarter ended December 31	$	$
4. TOTAL	$	$
	(a)	(b)

5. Grand Total {(4a) Total + (4b) Total} $ _____
6. Difference between Lines 3 & 5 (Instructions Below) $ _____

*If Line 6 indicates a balance due, the amount thereof should accompany this return; if line 6 indicates an overpayment, it will be applied on the 2018 withholding tax unless the refund box below is checked and a signature provided.

☐ **REFUND**

_____

Authorized Signature

INSTRUCTIONS

The original of this reconcilliation form must be filed with the COMMISSIONER OF TAXATION, CITY OF PARMA, 6611 RIDGE RD., PARMA OH 44129, on or before the last day of February 2018 unless written request for extension has been made to and granted (in writing) by the Commissioner. This form must be accompanied by copies of employee's statements (Form W2) or optional form showing: (1) name, address, and city of residence of employee: (2) social security number: (3) gross earnings paid before any payroll deductions: (4) amount of PARMA and other city income tax withheld: and (5) name, address and federal identification number (FID) of employer. An adding machine tape, listing the amount of Parma income tax withheld as indicated by the individual employee's statements, should be attached thereto.

RETURN THIS COPY WITH W2 FORMS AND ANY REQUIRED PAYMENT TO:

CITY OF PARMA - DIVISION OF TAXATION
6611 RIDGE ROAD
PARMA, OH 44129

TAX DEPARTMENT COPY - TO BE FILED

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PARMA ACCOUNT # _____

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	(a)	(b)

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TAXPAYER COPY - RETAIN FOR YOUR RECORDS