P-1040

2015 City of Parma Income Tax Return

www.cityofparma-oh.gov

Mail this return to THE CITY OF PARMA, DIVISION OF TAXATION, P.O. BOX 94734, Cleveland, OH 44101-4734, on or before April 18, 2016 or by the 15th day of the fourth month after the close of a fiscal year or period. Phone: (440) 885-8045

PARMA ACCOUNT NO.	

IF YOU MOVED OR HAD ANY CHANGE IN STATUS DURING 2015, THIS BLOCK MUST BE COMPLETED.

Date moved into Parma _____

Previous Address _____

Date moved out of Parma _____

Present Address _____

If retired, give date _____

Other Status Change & Date _____

Filing Status: ☐ Individual ☐ Joint ☐ Corporation ☐ Partnership

DATE OF BIRTH, IF UNDER 18 IN 2015: _____

_____ Your Social Security Number

_____ Spouse's Social Security Number

☐ Filing for 2015 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	Withheld 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)

ATTACH W-2(s) HERE

OTHER INCOME

2) **ENTER TOTAL OF COLUMN 1A. SEE INSTRUCTIONS BEFORE GOING TO LINE 3** . . . . . 2 $ _____

3) INCOME OTHER THAN WAGES FROM PAGE 2 **(ATTACH FEDERAL SCHEDULES)** . . . . . 3 $ _____

4) TOTAL INCOME (TOTAL OF LINE 2 AND LINE 3) **(DO NOT DEDUCT LOSS FROM W-2 INCOME)** . . . . . 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 $ _____

8) **PARMA CITY TAX, 2.5%. MULTIPLY TOTAL OF LINE 7 BY 2.5%** . . . . . 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 & 11 C) . . . . . 12 $ _____

13) OVERPAYMENT (IF LINE 12 IS LESS THAN ZERO)

13A) ☐ REFUND (IF $1.00 OR MORE) $ _____ 13B ☐ CREDIT TO 2016 ESTIMATED TAX $ _____

DECLARATION OF ESTIMATED TAX FOR YEAR 2016

14) ESTIMATED TAX (SEE INSTRUCTIONS)

A. ESTIMATED TAX LIABILITY 2016 **NOTE TAX RATE & CREDIT CHANGE** 14A $ _____

B. QUARTERLY ESTIMATED TAX DUE, 1/4 OF 14 A 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 $ _____

ATTACH CHECK HERE

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

Name and Address of Firm Phone

Signature of Taxpayer or Agent Date

Signature of Spouse if Joint Return Date

May the city discuss this return with the tax preparer? [ ] Yes [ ] No

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