



# CITY OF PARMA

## Division of Tax

6611 Ridge Rd. Parma, Ohio 44129  
Phone (440) 885-8045 Fax (440) 885-8044  
E-mail to [taxoffice@cityofparma-oh.gov](mailto:taxoffice@cityofparma-oh.gov)

**Michael P. Mason Tax Commissioner**

PARMA ACCOUNT NUMBER (office use) \_\_\_\_\_

- INDIVIDUAL  
 JOINTLY (you may file jointly even if you filed individually for federal purpose)  
 CORPORATION  
 PARTNERSHIP

NAME: \_\_\_\_\_ SS# or FID# \_\_\_\_\_

NAME OF SPOUSE: \_\_\_\_\_ SS# \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMAIL: \_\_\_\_\_

\_\_\_\_\_ CELL # \_\_\_\_\_

MOVE IN DATE: \_\_\_\_\_

MOVE OUT DATE: \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

### **DECLARATION OF ESTIMATED TAX FOR YEAR 2024**

If you need any assistance, see our web site at [www.cityofparma-oh.gov](http://www.cityofparma-oh.gov) under tax rate and tax credit or contact the Parma Tax Department at 440-885-8045.

1) ESTIMATED TAX LIABILITY FOR 2024: \$ \_\_\_\_\_

2) AMOUNT ENCLOSED WITH THIS APPLICATION: \$ \_\_\_\_\_

MAKE CHECK PAYABLE TO: CITY OF PARMA DIVISION OF TAX

\_\_\_\_\_  
SIGNATURE OF TAXPAYER \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF SPOUSE (if filing jointly) \_\_\_\_\_ DATE \_\_\_\_\_