

CITY OF PARMA HEIGHTS

2013

OFFICE
USE
ONLY



**INDIVIDUAL INCOME TAX RETURN
DUE APRIL 15, 2014**

FILE #

Your Social Security No. Spouse's Social Security No. Spouse's Name

**6281 Pearl Road, Parma Heights, Ohio 44130-3084
PHONE (440) 888-6440 FAX (440) 885-8228**

Returns must be delivered in person or postmarked by due date
Minimum Penalty of \$25.00 if Filed Late

EXTENSIONS – Due on or before Filing Date
Read Extension Instructions to Avoid Penalties

Make Checks Payable to City of Parma Heights

If Retired, give date

IF YOU MOVED, COMPLETE THIS BLOCK

Date moved into Parma Heights _____

Previous Address _____

Date moved out of Parma Heights _____

Present Address _____

Other Status Change & Date _____

Phone No. Daytime No.

Your Name and Address as they appear on our records. Make any Necessary Corrections

IF YOU ARE RETIRED _____ OR DISABLED _____

Did NOT work last year - received no W2

Did NOT have gambling or lottery winnings

Did NOT receive Shareholder/Partnership distribution (Fed K1 from S Corp. or Partnership

Did NOT own Rental Property

If you HAD income from any of the above items - STOP. You must file a complete City of Parma Heights tax return. Copies and instructions are available at City Hall or on our Website: www.parmaheightsoh.gov.

If you DID NOT HAVE income from any of the above items - CONTINUE.

#1 - Sign and Date the bottom of this form and return it on or before **April 15, 2014**

#2 - If you filed a Federal Form 1040/1040A/1040EZ - Attach a copy of page 1

Otherwise: You must file a complete City of Parma Heights tax return - copies available at City Hall or on our Website: www.parmaheightsoh.gov

Our tax office staff is available to assist you in completing your city tax return or answer questions everyday:

Monday - Friday - 8:30 A.M. to 4:00 P.M.

I certify that this return including present address, schedules and statements are to the best of my knowledge and belief true, correct and complete.

Signature of Person Preparing, if Other than Taxpayer	Date	Signature of Taxpayer or Agent (Required)	Date
Address or Name and Address of Firm Or Employer - Phone No. ()		Signature of Spouse, if joint return	Date