

# CITY OF PARMA HEIGHTS 2014

INDIVIDUAL INCOME TAX RETURN  
DUE APRIL 15, 2015

OFFICE  
USE  
ONLY 

**FILE #**

Your Social Security No.	Spouse's Social Security No.	Spouse's Name
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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
<b>EXTENSIONS</b> – Due on or before Filing Date Read Extension Instructions to Avoid Penalties
Make Checks Payable to City of Parma Heights
If Retired, give date
<b>IF YOU MOVED, COMPLETE THIS BLOCK</b>
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 have Net Profit from Business income**

**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](http://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, 2015**

**#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](http://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