Print Form

FORM W1 **EMPLOYER'S WITHHOLDING**

Please change tax year if necessary ▼

Tax Year 2012

1. Number of Taxable Employees.	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.	2	
3. Taxable Earnings (from line 2).	3	
4. Actual Tax Withheld at 3.000 %.	4	
5. Adjustments of Tax for Prior Period.	5	
6. Total (Include Interest and Penalty if Due).	6	

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed _____

Title _____ Date _____

Phone # _____

THIS RETURN MUST BE FILED ON OR BEFORE

MAKE CHECK OR MONEY ORDER TO:

CITY OF PARMA HEIGHTS
INCOME TAX DEPARTMENT
6281 PEARL ROAD
PARMA HEIGHTS, OH 44130

Voice 440-888-6440 Fax 440-885-8228

Name

And

Address

Please select period below

Period Ending

TAX ID