

| | | | |
|---|---|--|--|
| 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 | | |

Tax Year 2016

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 FEBRUARY 15, 2016**

MAKE CHECK OR MONEY ORDER TO:
CITY OF PARMA HEIGHTS
6281 PEARL ROAD
PARMA HEIGHTS OH 44130

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

Name _____

And _____

Address _____

Period Ending JANUARY

TAX ID _____

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

| | | | |
|---|---|--|--|
| 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 | | |
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| 5. Adjustments of Tax for Prior Period. | 5 | | |
| 6. Total (Include Interest and Penalty if Due). | 6 | | |

Tax Year 2016

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 # _____

| |
|---|
| <p>THIS RETURN MUST BE FILED ON OR BEFORE MARCH 15, 2016</p> <p>MAKE CHECK OR MONEY ORDER TO: CITY OF PARMA HEIGHTS 6281 PEARL ROAD PARMA HEIGHTS OH 44130</p> <p>Voice 440-888-6440 Fax 440-885-8228</p> |
|---|

Name _____

And _____

Address _____

Period Ending FEBRUARY

TAX ID _____

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

| | | | |
|---|---|--|--|
| 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 | | |

Tax Year 2016

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 # _____

| |
|---|
| <p>THIS RETURN MUST BE FILED ON OR BEFORE APRIL 15, 2016</p> <p>MAKE CHECK OR MONEY ORDER TO: CITY OF PARMA HEIGHTS 6281 PEARL ROAD PARMA HEIGHTS OH 44130</p> <p>Voice 440-888-6440 Fax 440-885-8228</p> |
|---|

Name _____

And _____

Address _____

Period Ending MARCH

TAX ID _____

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

| | | | |
|---|---|--|--|
| 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 | | |

Name
 And
 Address

Tax Year 2016

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 MAY 15, 2016**

MAKE CHECK OR MONEY ORDER TO:
 CITY OF PARMA HEIGHTS
 6281 PEARL ROAD
 PARMA HEIGHTS OH 44130

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

Period Ending APRIL

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

| | | | |
|---|---|--|--|
| 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 | | |

Name
 And
 Address

Tax Year 2016

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 JUNE 15, 2016**

MAKE CHECK OR MONEY ORDER TO:
 CITY OF PARMA HEIGHTS
 6281 PEARL ROAD
 PARMA HEIGHTS OH 44130

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

Period Ending MAY

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

| | | | |
|---|---|--|--|
| 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 | | |

Name
 And
 Address

Tax Year 2016

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 JULY 15, 2016**

MAKE CHECK OR MONEY ORDER TO:
 CITY OF PARMA HEIGHTS
 6281 PEARL ROAD
 PARMA HEIGHTS OH 44130

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

Period Ending JUNE

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

| | | | |
|---|---|--|--|
| 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 | | |

Name
 And
 Address

Tax Year 2016

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 AUGUST 15, 2016**

MAKE CHECK OR MONEY ORDER TO:
 CITY OF PARMA HEIGHTS
 6281 PEARL ROAD
 PARMA HEIGHTS OH 44130

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

Period Ending JULY

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

| | | | |
|---|---|--|--|
| 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 | | |

Name
 And
 Address

Tax Year 2016

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 SEPTEMBER 15, 2016**

MAKE CHECK OR MONEY ORDER TO:
 CITY OF PARMA HEIGHTS
 6281 PEARL ROAD
 PARMA HEIGHTS OH 44130

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

Period Ending AUGUST

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

| | | | |
|---|---|--|--|
| 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 | | |

Name
 And
 Address

Tax Year 2016

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 OCTOBER 15, 2016**

MAKE CHECK OR MONEY ORDER TO:
 CITY OF PARMA HEIGHTS
 6281 PEARL ROAD
 PARMA HEIGHTS OH 44130

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

Period Ending SEPTEMBER

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

| | | | |
|---|---|--|--|
| 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 | | |

Name
 And
 Address

Tax Year 2016

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 # _____

| |
|--|
| <p>THIS RETURN MUST BE FILED ON OR BEFORE NOVEMBER 15, 2016</p> <p>MAKE CHECK OR MONEY ORDER TO: CITY OF PARMA HEIGHTS 6281 PEARL ROAD PARMA HEIGHTS OH 44130</p> <p>Voice 440-888-6440 Fax 440-885-8228</p> |
|--|

Period Ending OCTOBER

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

| | | | |
|---|---|--|--|
| 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 | | |

Name
 And
 Address

Tax Year 2016

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 # _____

| |
|--|
| <p>THIS RETURN MUST BE FILED ON OR BEFORE DECEMBER 15, 2016</p> <p>MAKE CHECK OR MONEY ORDER TO: CITY OF PARMA HEIGHTS 6281 PEARL ROAD PARMA HEIGHTS OH 44130</p> <p>Voice 440-888-6440 Fax 440-885-8228</p> |
|--|

Period Ending NOVEMBER

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

| | | | |
|---|---|--|--|
| 1. Number of Taxable Employees. | 1 | | |
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| 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 | | |

Tax Year 2016

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 JANUARY 15, 2017**

MAKE CHECK OR MONEY ORDER TO:
CITY OF PARMA HEIGHTS
6281 PEARL ROAD
PARMA HEIGHTS OH 44130

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

Name _____

And _____

Address _____

Period Ending **DECEMBER**

TAX ID _____

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.