

CITY OF PARMA - DIVISION OF TAXATION

6611 RIDGE ROAD
PARMA, OHIO

MON - FRI
8:30 AM TO 4:30 PM

PHONE: (440) 885 8056
FAX: (440) 885-8044

NAME _____
DBA _____
ADDRESS _____

**Reconciliation of Parma Income Tax WITHHELD From Wages
Tax Year 2022**

EMPLOYER'S FEDERAL ID# _____

PARMA ACCOUNT # _____

DO NOT FAIL TO FURNISH EMPLOYEE'S ADDRESS ON W-2'S

1. Total number of employees as represented by
Forms W-2 Submitted herewith _____

2. Total gross employment Parma wages paid
during this year \$ _____

3. Total Parma Income Tax Withheld from
wages during year shown by employee's
statement (Form w-2) \$ _____

Please check type of Withholding

_____ Parma employment tax only

_____ Parma employment and residence tax

_____ Parma residence tax only

3. Total Parma Income Tax Withheld During Year (FORM PW-1)

	Parma Employment Tax @2.5%	Parma Residence Tax
Quarter ended March 31	\$	\$
Quarter ended June 30	\$	\$
Quarter ended Sept. 30	\$	\$
Quarter ended Dec. 31	\$	\$
4. TOTAL	\$	\$
	(a)	(b)
5. Grand Total {(4a Total + (4b) total}		\$ _____
6. Difference between lines 3 & 5 (Instruction Below)		\$ _____

**If any of the above information is incorrect or has
changed, please correct below. I.E. (name change,
fid# change, business closed, ect.)**

* If line 6 indicates a balance due, the amount thereof should
accompany this return; if line 6 indicates an overpayment of \$10.00
or more, it will be applied on the 2021 withholding tax unless the
refund box below is checked and a signature provided.

REFUND

Authorized Signature

INSTRUCTIONS

The original of this reconciliation form must be filed with the COMMISSIONER OF TAXATION, CITY OF PARMA, 6611 RIDGE RD., PARMA OH 44129, on or before the last day of February 2023 unless written request for extension has been made to and granted (in writing) by the Commissioner This form must accompanied by copies of employee's statements (Form w-2) or optional form showing: (1) name, address, and city of residence of employee: (2) Social security number: (3) gross earnings paid before any payroll deductions: (4) amount of PARMA and other city income tax withheld: and (5) name, address and federal identification number (FID) of employer. An adding machine tap, listing the amount of Parma Income tax withheld as indicated by the individual employee's statements, should be attached thereto.

RETURN THIS COPY WITH W2 FORMS AND ANY REQUIRED PAYMENT TO:

CITY OF PARMA - DIVISION OF TAXATION
6611 RIDGEROAD
PARMA, OH 44129

TAX DEPARTMENT COPY TO BE FILED