

# 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 2020**

**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

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

\_\_\_\_\_

\_\_\_\_\_

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 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 2021 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**