CITY OF PARMA – DIVISION OF TAXATION

6611 RIDGE ROAD
PARMA, OH 44129

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

PHONE: (440) 885-8045 – FAX: (440) 885-8044

NAME _____
ADDRESS _____
CITY/STATE/ZIP _____

D **ESTIMATE OF QUARTERLY TAX DUE**

Quarterly Billing for **Estimated** Parma Income Tax for Year 2026 Quarter

Account Number	FID Number	SSN Number	Due Date	Amount Due

Declaration For Tax Year 2026

Less Payments This Year
Less Credits From Prior Years
Total Yet To Pay This Year _____

Amount due by

PENALTY AND INTEREST MUST BE ASSESSED WHEN FILING ANNUAL RETURN IF 90% OF TAX OWED WAS NOT PAID ON DECLARATION BY JANUARY 15, 2027.

RETAIN THIS UPPER PORTION FOR YOUR RECORDS. DETACH AND RETURN THE FORM BELOW WITH YOUR PAYMENT IN THE ENCLOSED ENVELOPE

D **ESTIMATE OF QUARTERLY TAX DUE**

Quarterly Billing for **Estimated** Parma Income Tax for Year 2026 Quarter

Account Number	FID Number	SSN Number	Due Date	Amount Due

NAME
ADDRESS
CITY/STATE/ZIP

Make Check Payable To: CITY OF PARMA DIV OF TAX

Mail Check To: CITY OF PARMA
6611 RIDGE RD
PARMA, OH 44129

IF YOU HAVE MOVED GIVE US THE DATE _____AND YOUR NEW ADDRESS