

Tax Year  
 FORM W3 1097 371108  
 EMPLOYER'S  
 WITHHOLDING 00279  
 RECONCILIATION

CITY OF PARMA HEIGHTS  
 6281 PEARL ROAD  
 PARMA HEIGHTS OH 44130  
 Voice 440-888-6440 Fax 440-885-8228

**DUE DATE**

Name	3 43128	FEDERAL ID NUMBER _____
And		NAME OF PERSON _____
Address		COMPLETING FORM _____
		LOCAL PHONE NUMBER _____
		NUMBER OF EMPLOYEES LISTED _____

**EMPLOYEE W2'S MUST ACCOMPANY THIS FORM**

**INSTRUCTIONS**

1. Attach check payable to CITY OF PARMA HEIGHTS, for difference if withholding exceeds remittance.
2. If remittance exceeds amount withheld, give explanation and request refund below.
3. Attach explanation if column 2 is used.

**ENTER PAYROLL BY QUARTERLY OR MONTHLY TOTALS**

Period	(1) Gross Payroll	(2) Payroll Not Subject to Tax	(3) Payroll Subject to Tax	(4) Tax Due	(5) Tax Paid Per Your Records
January	_____	_____	_____	_____	_____
February	_____	_____	_____	_____	_____
March/Qtr-1	_____	_____	_____	_____	_____
April	_____	_____	_____	_____	_____
May	_____	_____	_____	_____	_____
June/Qtr-2	_____	_____	_____	_____	_____
July	_____	_____	_____	_____	_____
August	_____	_____	_____	_____	_____
September/Qtr-3	_____	_____	_____	_____	_____
October	_____	_____	_____	_____	_____
November	_____	_____	_____	_____	_____
December/Qtr-4	_____	_____	_____	_____	_____
<b>TOTALS</b>	_____	_____	_____	_____	_____

TOTAL REMITTANCE MADE \_\_\_\_\_

Employer - Explain any differences: \_\_\_\_\_ DIFFERENCE \_\_\_\_\_