

**RECONCILIATION OF CITY OF PARMA HEIGHTS
INCOME TAX WITHHELD FROM WAGES**

MAIL TO: CITY OF PARMA HEIGHTS
INCOME TAX DEPARTMENT
6281 PEARL ROAD
PARMA HEIGHTS, OHIO 44130-3084

EMPLOYER'S FEDERAL I.D.

EMPLOYER'S NAME & ADDRESS

TAX DEPT. COPY - RETURN WITH W-2'S

1. Total Number of Employees (W-2's) Transmitted herewith	<input type="text"/>	
2. Total Gross Wages Reported on W-2's		\$ <input type="text"/>
3. Total Tax Withheld from Wages on Forms W-2		\$ <input type="text"/>
4. Total Parma Heights Income Tax Remitted:		
Q1 Quarter Ending March 31		\$ <input type="text"/>
Q2 Quarter Ending June 30		\$ <input type="text"/>
Q3 Quarter Ending September 30		\$ <input type="text"/>
Q4 Quarter Ending December 31		\$ <input type="text"/>
5. TOTAL REMITTED		\$ <input type="text"/>
6. Difference between Lines (3 and 5)		\$ <input type="text"/>
<input type="checkbox"/> BALANCE DUE - REMIT PAYMENT		
<input type="checkbox"/> OVERPAYMENT - REFUND		

INSTRUCTIONS

The original of this reconciliation form must be filed with the City of Parma Heights Income Tax Department one month following calendar year end (Jan. 31st). This form must be accompanied by copies of ALL employee's wage statements (W-2's) showing: (1) name and complete address of employee; (2) Social Security Number; (3) Gross Earnings PAID BEFORE ANY PAYROLL DEDUCTIONS; (4) amount of Parma Heights and any other city income tax withheld; and (5) name, address and Federal ID Number of the employer. NOTE: Include birth dates and all W-2's for employees UNDER the age of 18 even if NO withholding tax was withheld.

An adding machine tape, listing the amounts of Parma Heights income tax withheld, as indicated by individual employees statements (W-2's) should be attached. Should there be a difference between Line 3 and the amount paid on Line 5, (verify that 4th quarter amount shown on form includes all payments) a STATEMENT SHOULD BE ATTACHED EXPLAINING THE DIFFERENCE.

If Line 6 indicates a balance due, check the appropriate box and remit the amount due with this form; if Line 6 indicates an overpayment, check the appropriate box for a refund.

The amount of tax withheld for Parma Heights should equal the gross wages times (X) the tax rate for the tax year reported. In the event the tax withheld is less than the tax rate, the difference must be fully explained in an attached statement. In the event that the tax was withheld in excess of the tax rate, it must be PAID TO PARMA HEIGHTS and the employee may apply to the Parma Heights Tax Department for a refund.

Tax Year

FORM W3 1097 371108

EMPLOYER'S WITHHOLDING RECONCILIATION 00279

CITY OF PARMA HEIGHTS
6281 PEARL ROAD
PARMA HEIGHTS OH 44130

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

DUE DATE

Name _____ 3 43128
And _____
Address _____

FEDERAL ID NUMBER _____
NAME OF PERSON 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	_____	_____	_____	_____	_____
TOTALS	=====	=====	=====	=====	=====

TOTAL REMITTANCE MADE _____

Employer - Explain any differences:

DIFFERENCE _____