

**CITY OF PARMA HEIGHTS**

**2012**

OFFICE  
USE  
ONLY



**INDIVIDUAL INCOME TAX RETURN  
DUE APRIL 15, 2013**

**FILE #**

Your Social Security No.                      Spouse's Social Security No.                      Spouse's Name

**6281 Pearl Road, Parma Heights, Ohio 44130-3084  
PHONE (440) 888-6440 FAX (440) 885-8228**

Returns must be delivered in person or postmarked by due date  
Minimum Penalty of \$25.00 if Filed Late

**EXTENSIONS – Due on or before Filing Date  
Read Extension Instructions to Avoid Penalties**

Make Checks Payable to City of Parma Heights

If Retired, give date

**IF YOU MOVED, COMPLETE THIS BLOCK**

Date moved into Parma Heights \_\_\_\_\_

Previous Address \_\_\_\_\_

Date moved out of Parma Heights \_\_\_\_\_

Present Address \_\_\_\_\_

Other Status Change & Date \_\_\_\_\_

Phone No.    Daytime No.

Your Name and Address as they appear on our records. Make any Necessary Corrections

**IF YOU ARE RETIRED \_\_\_\_\_ OR DISABLED \_\_\_\_\_**

**Did NOT work last year - received no W2**

**Did NOT have gambling or lottery winnings**

**Did NOT receive Shareholder/Partnership distribution (Fed K1 from S Corp. or Partnership**

**Did NOT own Rental Property**

**If you HAD income from any of the above items - STOP.** You must file a complete City of Parma Heights tax return. Copies and instructions are available at City Hall or on our Website: [www.parmaheightsoh.gov](http://www.parmaheightsoh.gov).

**If you DID NOT HAVE income from any of the above items - CONTINUE.**

**#1 - Sign and Date** the bottom of this form and return it on or before **April 15, 2013**

**#2 - If you filed a Federal Form 1040/1040A/1040EZ - Attach a copy of page 1**

**Otherwise:** You must file a complete City of Parma Heights tax return - copies available at City Hall or on our Website: [www.parmaheightsoh.gov](http://www.parmaheightsoh.gov)

Our tax office staff is available to assist you in completing your city tax return or answer questions everyday:

Monday - Friday - 8:30 A.M. to 4:00 P.M.

I certify that this return including present address, schedules and statements are to the best of my knowledge and belief true, correct and complete.

Signature of Person Preparing, if Other than Taxpayer                      Date                      Signature of Taxpayer or Agent (Required)                      Date

Address or Name and Address of Firm Or Employer - Phone No. (     )                      Signature of Spouse, if joint return                      Date