FORM W1 1097	EMPLOYER'S WITHHOLDING - MO	NTHLY
Number of Taxable Employees     Total Salaries, Wages, Commissions and Compensation paid all employees	other	Tax Year 2016  I hereby certify that the information and statements contained h in and in any schedules or exhibits attached are true and correct
		Signed
3. Taxable Earnings (from line 2)	3	Title Date
4. Actual Tax Withheld at 3.000 %	4	Phone #
5. Adjustments of Tax for Prior Period	5	THIS RETURN MUST BE FILED ON
		OR BEFORE FEBRUARY 15, 2016
O Tatal (last de laterate ed Breek (S.B. e)	6	MAKE CHECK OR MONEY ORDER TO:
6. Total (Include Interest and Penalty if Due).		CITY OF PARMA HEIGHTS
Name		6281 PEARL ROAD PARMA HEIGHTS OH 44130
And		Voice 440-888-6440 Fax 440-885-822

Period Ending JANUARY

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.

TAX ID

Address

	HOLDING - MONTHLY
Number of Taxable Employees	Tax Year 2016
Total Salaries, Wages, Commissions and other Compensation paid all employees	I hereby certify that the information and statements contained he
	in and in any schedules or exhibits attached are true and correct
	Signed
3. Taxable Earnings (from line 2)	Title Date
4. Actual Tax Withheld at 3.000 %	Phone #
5. Adjustments of Tax for Prior Period	THIS RETURN MUST BE FILED ON OR BEFORE MARCH 15, 2016
	MAKE CHECK OR MONEY ORDER TO:
6. Total (Include Interest and Penalty if Due)	CITY OF PARMA HEIGHTS
	6281 PEARL ROAD
Name	PARMA HEIGHTS OH 44130
And	Voice 440-888-6440 Fax 440-885-822
Address	Period Ending FEBRUARY
	TAX ID
	NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
Number of Taxable Employees	HOLDING - MONTHLY  Tax Year 2016
Number of Taxable Employees	Tax Year 2016  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct
1. Number of Taxable Employees	Tax Year 2016  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed
1. Number of Taxable Employees	Tax Year 2016  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed  Title Date
1. Number of Taxable Employees	
1. Number of Taxable Employees	Tax Year 2016  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed  Title
1. Number of Taxable Employees	Tax Year 2016  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed  Title
1. Number of Taxable Employees	Tax Year 2016  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed  Title
1. Number of Taxable Employees	Tax Year 2016  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct  Signed  Title Date  Phone #  THIS RETURN MUST BE FILED ON OR BEFORE APRIL 15, 2016
1. Number of Taxable Employees	Tax Year 2016  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct  Signed  Title Date  Phone #  THIS RETURN MUST BE FILED ON OR BEFORE APRIL 15, 2016  MAKE CHECK OR MONEY ORDER TO:
1. Number of Taxable Employees	Tax Year 2016  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct  Signed  Title Date Phone #  THIS RETURN MUST BE FILED ON OR BEFORE APRIL 15, 2016  MAKE CHECK OR MONEY ORDER TO: CITY OF PARMA HEIGHTS 6281 PEARL ROAD
1. Number of Taxable Employees	Tax Year 2016  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct  Signed  Title Date Phone #  THIS RETURN MUST BE FILED ON OR BEFORE APRIL 15, 2016  MAKE CHECK OR MONEY ORDER TO: CITY OF PARMA HEIGHTS 6281 PEARL ROAD
1. Number of Taxable Employees. 2. Total Salaries, Wages, Commissions and other Compensation paid all employees. 2. 3. Taxable Earnings (from line 2). 3. 4. Actual Tax Withheld at 3.000 %. 4. 5. Adjustments of Tax for Prior Period. 5. 6. Total (Include Interest and Penalty if Due). 6. Name	Tax Year 2016  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed  Title

1. Number of Taxable Employees	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees	Tax Year 2016 I hereby certify that the information and statements contained here
	in and in any schedules or exhibits attached are true and correct.
	Signed
3. Taxable Earnings (from line 2)	Title Date
. Actual Tax Withheld at 3.000 %	Phone #
. Adjustments of Tax for Prior Period	THIS RETURN MUST BE FILED ON
	OR BEFORE MAY 15, 2016
	MAKE CHECK OR MONEY ORDER TO:
Total (Include Interest and Penalty if Due)	CITY OF PARMA HEIGHTS
	6281 PEARL ROAD
Name	PARMA HEIGHTS OH 44130
And	Voice 440-888-6440 Fax 440-885-822
Address	Period Ending APRIL
	TAX ID
	NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
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11	HOLDING - MONTHLY
. Number of Taxable Employees	
FORM W1 1097 EMPLOYER'S WITH  . Number of Taxable Employees	HOLDING - MONTHLY
Number of Taxable Employees	Tax Year 2016  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct
Number of Taxable Employees	Tax Year 2016  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed
Number of Taxable Employees	Tax Year 2016  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed  Title Date
Number of Taxable Employees. 1  Total Salaries, Wages, Commissions and other ompensation paid all employees. 2  Taxable Earnings (from line 2). 3  Actual Tax Withheld at 3.000 %. 4	Tax Year 2016  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed  Title Date Phone #
Number of Taxable Employees. 1  Total Salaries, Wages, Commissions and other ompensation paid all employees. 2  Taxable Earnings (from line 2). 3  Actual Tax Withheld at 3.000 %. 4	Tax Year 2016  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed  Title  Phone #  THIS RETURN MUST BE FILED ON
Number of Taxable Employees	Tax Year 2016  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct  Signed  Title  Date  Phone #  THIS RETURN MUST BE FILED ON  OR BEFORE JUNE 15, 2016
Number of Taxable Employees	Tax Year 2016  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed  Title Date Phone # THIS RETURN MUST BE FILED ON OR BEFORE JUNE 15, 2016  MAKE CHECK OR MONEY ORDER TO:
Number of Taxable Employees	Tax Year 2016 I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct  Signed Title
Number of Taxable Employees	Tax Year 2016  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed  Title Date Phone # THIS RETURN MUST BE FILED ON OR BEFORE JUNE 15, 2016  MAKE CHECK OR MONEY ORDER TO:
Number of Taxable Employees. Total Salaries, Wages, Commissions and other Compensation paid all employees.  Taxable Earnings (from line 2). Actual Tax Withheld at 3.000 %. Adjustments of Tax for Prior Period.  Total (Include Interest and Penalty if Due).	Tax Year 2016  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct  Signed  Title  Date  Phone #  THIS RETURN MUST BE FILED ON  OR BEFORE JUNE 15, 2016  MAKE CHECK OR MONEY ORDER TO:  CITY OF PARMA HEIGHTS  6281 PEARL ROAD
Number of Taxable Employees. 1 Total Salaries, Wages, Commissions and other ompensation paid all employees. 2 Taxable Earnings (from line 2). 3 Actual Tax Withheld at 3.000 %. 4 Adjustments of Tax for Prior Period. 5 Total (Include Interest and Penalty if Due). 6  Name And	Tax Year 2016  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed  Title Date  Phone #  THIS RETURN MUST BE FILED ON OR BEFORE JUNE 15, 2016  MAKE CHECK OR MONEY ORDER TO:  CITY OF PARMA HEIGHTS  6281 PEARL ROAD  PARMA HEIGHTS OH 44130  Voice 440-888-6440 Fax 440-885-822
Number of Taxable Employees. Total Salaries, Wages, Commissions and other Compensation paid all employees.  Taxable Earnings (from line 2). Actual Tax Withheld at 3.000 %. Adjustments of Tax for Prior Period.  Total (Include Interest and Penalty if Due).	Tax Year 2016  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed  Title Date Phone #  THIS RETURN MUST BE FILED ON OR BEFORE JUNE 15, 2016  MAKE CHECK OR MONEY ORDER TO: CITY OF PARMA HEIGHTS 6281 PEARL ROAD PARMA HEIGHTS OH 44130

1. Number of Taxable Employees	
Total Salaries, Wages, Commissions and other Compensation paid all employees	Tax Year 2016  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct.
	· ·
	Signed
B. Taxable Earnings (from line 2)	Title Date
. Actual Tax Withheld at 3.000 %	Phone #
. Adjustments of Tax for Prior Period	THIS RETURN MUST BE FILED ON OR BEFORE JULY 15, 2016
	MAKE CHECK OR MONEY ORDER TO:
. Total (Include Interest and Penalty if Due)	CITY OF PARMA HEIGHTS
Name	6281 PEARL ROAD PARMA HEIGHTS OH 44130
And	Voice 440-888-6440 Fax 440-885-822
Address	Period Ending JUNE
	· ·
	TAX ID
	NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
1. Number of Taxable Employees	
I. Number of Taxable Employees	Tax Year 2016  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct
. Number of Taxable Employees	Tax Year 2016  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed
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Number of Taxable Employees	Tax Year 2016  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed  Title Date  Phone #  THIS RETURN MUST BE FILED ON
Number of Taxable Employees	Tax Year 2016  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed  Title Date  Phone #  THIS RETURN MUST BE FILED ON OR BEFORE AUGUST 15, 2016
Number of Taxable Employees	Tax Year 2016  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct  Signed  Title  Date  Phone #  THIS RETURN MUST BE FILED ON OR BEFORE AUGUST 15, 2016  MAKE CHECK OR MONEY ORDER TO:
Number of Taxable Employees	Tax Year 2016  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct  Signed  Title Date Phone #  THIS RETURN MUST BE FILED ON OR BEFORE AUGUST 15, 2016  MAKE CHECK OR MONEY ORDER TO: CITY OF PARMA HEIGHTS
Number of Taxable Employees	Tax Year 2016  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct  Signed  Title  Date  Phone #  THIS RETURN MUST BE FILED ON OR BEFORE AUGUST 15, 2016  MAKE CHECK OR MONEY ORDER TO:
Number of Taxable Employees Total Salaries, Wages, Commissions and other compensation paid all employees	Tax Year 2016  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct  Signed  Title Date  Phone #  THIS RETURN MUST BE FILED ON OR BEFORE AUGUST 15, 2016  MAKE CHECK OR MONEY ORDER TO: CITY OF PARMA HEIGHTS 6281 PEARL ROAD
Number of Taxable Employees	Tax Year 2016  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed  Title Date Phone #  THIS RETURN MUST BE FILED ON OR BEFORE AUGUST 15, 2016  MAKE CHECK OR MONEY ORDER TO:  CITY OF PARMA HEIGHTS 6281 PEARL ROAD PARMA HEIGHTS OH 44130  Voice 440-888-6440 Fax 440-885-822
1. Number of Taxable Employees	Tax Year 2016  I hereby certify that the information and statements contained h in and in any schedules or exhibits attached are true and correct Signed  Title Date Phone #  THIS RETURN MUST BE FILED ON OR BEFORE AUGUST 15, 2016  MAKE CHECK OR MONEY ORDER TO: CITY OF PARMA HEIGHTS 6281 PEARL ROAD PARMA HEIGHTS OH 44130

	WITHHOLDING - MONTHLY
1. Number of Taxable Employees	Tax Year 2016
Total Salaries, Wages, Commissions and other Compensation paid all employees	
	Signed
3. Taxable Earnings (from line 2)	
4. Actual Tax Withheld at 3.000 %	
5. Adjustments of Tax for Prior Period	
,	OR BEFORE SEPTEMBER 15, 2016
C. Tatal (Include Interest and Density if Duc)	MAKE CHECK OR MONEY ORDER TO:
6. Total (Include Interest and Penalty if Due)	CITY OF PARMA HEIGHTS
Name	6281 PEARL ROAD PARMA HEIGHTS OH 44130
Name	
And	Voice 440-888-6440 Fax 440-885-822
Address	Period Ending AUGUST
	TAX ID
	NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
Number of Taxable Employees	lax tear 2016
Number of Taxable Employees	Tax Year 2016  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct
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1. Number of Taxable Employees. 2. Total Salaries, Wages, Commissions and other Compensation paid all employees. 2. 3. Taxable Earnings (from line 2). 3. Taxable Earnings (from line 2). 4. Actual Tax Withheld at 3.000 %. 5. Adjustments of Tax for Prior Period. 5.	Tax Year 2016  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed  Title Date Phone #  THIS RETURN MUST BE FILED ON OR BEFORE OCTOBER 15, 2016  MAKE CHECK OR MONEY ORDER TO: CITY OF PARMA HEIGHTS
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1. Number of Taxable Employees. 2. Total Salaries, Wages, Commissions and other Compensation paid all employees. 3. Taxable Earnings (from line 2). 4. Actual Tax Withheld at 3.000 %. 5. Adjustments of Tax for Prior Period.  6. Total (Include Interest and Penalty if Due).	Tax Year 2016  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed  Title Date  Phone #  THIS RETURN MUST BE FILED ON OR BEFORE OCTOBER 15, 2016  MAKE CHECK OR MONEY ORDER TO: CITY OF PARMA HEIGHTS 6281 PEARL ROAD
1. Number of Taxable Employees. 2. Total Salaries, Wages, Commissions and other Compensation paid all employees.  3. Taxable Earnings (from line 2). 4. Actual Tax Withheld at 3.000 %. 5. Adjustments of Tax for Prior Period.  6. Total (Include Interest and Penalty if Due).	Tax Year 2016  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed  Title
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1. Number of Taxable Employees	.  1	T V 0040
Total Salaries, Wages, Commissions and other Compensation paid all employees		Tax Year 2016  I hereby certify that the information and statements contained h in and in any schedules or exhibits attached are true and correct
		Signed
3. Taxable Earnings (from line 2)		Title Date
4. Actual Tax Withheld at 3.000 %.		
5. Adjustments of Tax for Prior Period		Phone #
		OR BEFORE NOVEMBER 15, 2016
		MAKE CHECK OR MONEY ORDER TO:
6. Total (Include Interest and Penalty if Due)	. 6	CITY OF PARMA HEIGHTS
		6281 PEARL ROAD
Name		PARMA HEIGHTS OH 44130
And		Voice 440-888-6440 Fax 440-885-822
Address		Period Ending OCTOBER
		-
		TAX ID
		NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
		NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.
	e'S WITHHOLDING	
. Number of Taxable Employees	1 1	- MONTHLY
I. Number of Taxable Employees.	. 1	- MONTHLY  Tax Year 2016  I hereby certify that the information and statements contained h
. Number of Taxable Employees	. 1	- MONTHLY  Tax Year 2016  I hereby certify that the information and statements contained h in and in any schedules or exhibits attached are true and correct
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. Number of Taxable Employees	2 3	Tax Year 2016  I hereby certify that the information and statements contained h in and in any schedules or exhibits attached are true and correct Signed  Title  Date
. Number of Taxable Employees.  . Total Salaries, Wages, Commissions and other Compensation paid all employees.  5. Taxable Earnings (from line 2).  . Actual Tax Withheld at 3.000 %.	2 3 4	- MONTHLY  Tax Year 2016  I hereby certify that the information and statements contained h in and in any schedules or exhibits attached are true and correct Signed
. Number of Taxable Employees Total Salaries, Wages, Commissions and other compensation paid all employees Taxable Earnings (from line 2) Actual Tax Withheld at 3.000 %.	2 3 4	Tax Year 2016 I hereby certify that the information and statements contained h in and in any schedules or exhibits attached are true and correct Signed Title Date Phone # THIS RETURN MUST BE FILED ON
. Number of Taxable Employees.  . Total Salaries, Wages, Commissions and other Compensation paid all employees.  5. Taxable Earnings (from line 2).  . Actual Tax Withheld at 3.000 %.	2 3 4	Tax Year 2016  I hereby certify that the information and statements contained h in and in any schedules or exhibits attached are true and correct Signed  Title  Phone #
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. Number of Taxable Employees Total Salaries, Wages, Commissions and other Compensation paid all employees Taxable Earnings (from line 2) Actual Tax Withheld at 3.000 % Adjustments of Tax for Prior Period.	. 1	Tax Year 2016  I hereby certify that the information and statements contained h in and in any schedules or exhibits attached are true and correct Signed  Title Date Phone #  THIS RETURN MUST BE FILED ON OR BEFORE DECEMBER 15, 2016
. Number of Taxable Employees.  2. Total Salaries, Wages, Commissions and other Compensation paid all employees.  3. Taxable Earnings (from line 2).  4. Actual Tax Withheld at 3.000 %.  5. Adjustments of Tax for Prior Period.	. 1	Tax Year 2016  I hereby certify that the information and statements contained h in and in any schedules or exhibits attached are true and correct Signed  Title Date Phone #  THIS RETURN MUST BE FILED ON OR BEFORE DECEMBER 15, 2016  MAKE CHECK OR MONEY ORDER TO: CITY OF PARMA HEIGHTS 6281 PEARL ROAD
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FORM W1 1097	EMPLOYER'S WITHHOLDING - MO	NTHLY
Number of Taxable Employees	r	Tax Year 2016  I hereby certify that the information and statements contained he in and in any schedules or exhibits attached are true and correct Signed
3. Taxable Earnings (from line 2)	3	Title Date
4. Actual Tax Withheld at 3.000 %	4	Phone #
5. Adjustments of Tax for Prior Period	5	THIS RETURN MUST BE FILED ON OR BEFORE JANUARY 15, 2017
6. Total (Include Interest and Penalty if Due)	6	MAKE CHECK OR MONEY ORDER TO:  CITY OF PARMA HEIGHTS  6281 PEARL ROAD
Name		PARMA HEIGHTS OH 44130
And		Voice 440-888-6440 Fax 440-885-822

Address

Period Ending DECEMBER

TAX ID