

General Information

Any taxpayer having or anticipating an annual tax liability to the City of Toledo exceeding \$100.00 shall file a declaration of estimated tax and pay the estimated tax due in quarterly installments.

If the taxpayer's income is from wages and the taxpayer's employer withholds the proper amount of Toledo tax, the taxpayer is not required to file an estimate of Toledo tax due.

Joint filing is not permitted. Each spouse must file an estimate based on his or her separate income.

Complete the estimated Toledo Tax form for each quarterly payment. Detach the form and mail it to the address provided. Keep a record of your payments on the worksheet provided.

Computation of Estimated Tax

1. Enter the total amount of income subject to Toledo tax.
2. Multiply Line 1 times 2.25%, the current Toledo tax rate.
3. Enter all municipal taxes that you expect your employer to withhold from your wages. Also enter any tax that will be paid on your behalf by a partnership. If you are a Toledo resident who is required to pay tax on business profits to another municipality you may subtract the amount of tax you expect to pay.
4. Subtract Line 3 from Line 2, enter on appropriate line of the estimate form.
5. Divide Line 4 by four to determine your quarterly estimate requirement.
6. If you have an overpayment credit from a prior year enter it here.

Penalties and Interest

Penalty and interest will be assessed against any taxpayer if the taxpayer fails to make estimate payments equals to (1) 80% of the current year's tax liability, or (2) 100% of the previous year's tax liability.

**ESTIMATED TOLEDO CITY INCOME TAX WORKSHEET
FOR CALENDAR YEAR OR FISCAL PERIOD**

(KEEP FOR YOUR RECORDS - DO NOT FILE)

COMPUTATION OF ESTIMATED TAX

- 1. Estimated Taxable Income _____
- 2. Estimated Tax = Line 1 x 2.25% _____
- 3. Less Municipal Tax Withheld,
paid by a partnership or
paid to another city. (_____)
- 4. Net Estimated Tax Due _____
- 5. Amount Due with Each
Quarterly Payment (¼ of Line 4) _____
- 6. Overpayment from Previous Year
Available for Current Year _____

Payment Number	Date (a)	Amount (b)	Overpayment Credit applied to installment (c)	Total amount paid and credited from Jan. 1 through the installment date shown Add (b) and (c) (d)
1				
2				
3				
4				
TOTAL ▶				



CITY OF TOLEDO ESTIMATED TAX —

D1

City of Residence _____

Name of Employer or Type Business _____

ACCOUNT NO.

SOCIAL SECURITY NO. OR E.I.D. NO.

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Name
Street
Address
City,
State, ZIP

1

PAYMENT NO.1

Estimated Tax for

Year Ending _____

Amount of This Payment \$ _____

TAXPAYER'S SIGNATURE _____

DATE _____

Make Check Payable to: **Commissioner of Taxation**
Mail to: **City of Toledo**
Division of Taxation
One Government Center, #2070
Toledo, Ohio 43604-2280

CASHIER'S VALIDATION



CITY OF TOLEDO ESTIMATED TAX —

D1

City of Residence _____

Name of Employer or Type Business _____

ACCOUNT NO.

SOCIAL SECURITY NO. OR E.I.D. NO.

--	--

Name
Street
Address
City,
State, ZIP

2

PAYMENT NO.2

Estimated Tax for

Year Ending _____

Amount of This Payment \$ _____

TAXPAYER'S SIGNATURE _____

DATE _____

Make Check Payable to: **Commissioner of Taxation**
Mail to: **City of Toledo**
Division of Taxation
One Government Center, #2070
Toledo, Ohio 43604-2280

CASHIER'S VALIDATION



CITY OF TOLEDO ESTIMATED TAX —

3

D1 _____

City of Residence _____

Name of Employer or Type Business _____

ACCOUNT NO.

SOCIAL SECURITY NO. OR E.I.D. NO.

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Name
Street
Address
City,
State, ZIP

PAYMENT NO.3

Estimated Tax for

Year Ending _____

Amount of This Payment \$ _____

TAXPAYER'S SIGNATURE _____

DATE _____

Make Check Payable to: **Commissioner of Taxation**
Mail to: **City of Toledo**
Division of Taxation
One Government Center, #2070
Toledo, Ohio 43604-2280

CASHIER'S VALIDATION



CITY OF TOLEDO ESTIMATED TAX —

4

D1 _____

City of Residence _____

Name of Employer or Type Business _____

ACCOUNT NO.

SOCIAL SECURITY NO. OR E.I.D. NO.

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Name
Street
Address
City,
State, ZIP

PAYMENT NO.4

Or 15 Days After Close of Tax Year

Year Ending _____

Amount of This Payment \$ _____

TAXPAYER'S SIGNATURE _____

DATE _____

Make Check Payable to: **Commissioner of Taxation**
Mail to: **City of Toledo**
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Toledo, Ohio 43604-2280

CASHIER'S VALIDATION