



TAX YEAR

CITY OF TOLEDO

INCOME TAX RETURN JOINT FILING NOT PERMITTED

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

Blank boxes for account and social security numbers.

CAP REQ ISS BY

DATE MOVED - TOLEDO IN OUT

TOLEDO RESIDENT YES NO

CHECK BOX IF NO LONGER REQUIRED TO FILE DATE REASON

OCCUPATION

PHONE NUMBER

DUE ON OR BEFORE APRIL

Or within three months and fifteen days after the close of fiscal year or period. FOR CALENDAR YEAR ENDING DECEMBER 31, OR FOR THE MONTH ENDING

DO NOT USE HIGHLIGHTER ON DOCUMENTS

DIVISION OF TAXATION ONE GOVERNMENT CENTER, #2070 TOLEDO, OH 43604-2280 PHONE (419)245-1662 WEB SITE WWW.TOLEDO.OH.GOV

CHECK BOX IF ADDRESS CHANGED CHECK BOX IF AMENDED RETURN

1. COMPENSATION FROM WAGES - ATTACH W-2'S

Table with 5 columns: NAME OF EMPLOYER, CITY WHERE EMPLOYED, TOLEDO TAX WITHHELD, OTHER CITIES TAX WITHHELD, GROSS WAGES. Includes a TOTALS row.

IF ALL OF YOUR TOLEDO INCOME IS FROM WAGES AND YOU HAVE NO ADJUSTMENTS TO THE WAGES, YOU MAY TRANSFER THE AMOUNT ON LINE 1 TO LINE 12 & COMPUTE YOUR TAX

Table for income adjustments with 19 rows. Includes categories like INCOME FROM SELF-EMPLOYMENT, RENTS, PARTNERSHIP INCOME, etc.

QUARTERLY ESTIMATED PAYMENTS ARE REQUIRED

Table for quarterly estimated payments with 22 rows. Includes ADD PENALTY & INTEREST FOR LATE PAYMENT, TOTAL TAX, PENALTIES & INTEREST DUE, etc.

TAX PREPARER MUST SIGN HERE (Signature of Tax Preparer) (Date)

CHECK BOX IF CITY MAY DISCUSS YOUR RETURN WITH TAX PREPARER. TAXPAYER MUST SIGN HERE (Signature of Taxpayer) (Date)

FOR OFFICE USE ONLY - CASHIER'S VALIDATION

THIS BOX FOR TAX PREPARER USE ONLY

Attach W-2 forms here

Paper Clip Check here

23. SECTION A – ADDITIONS TO INCOME	ADD	24. SECTION B - DEDUCTIONS FROM INCOME	DEDUCT
A. Federally deducted losses from IRC 1221 or 1231 property dispositionsA	\$ _____	J. Federally reported income and gains from IRC 1221 or 1231 property dispositions except to the extent the income and gains apply to those described in IRC 1245 or 1250J	\$ _____
B. Five percent of intangible income reported in letter K, except that from IRC 1221 property dispositions.....B	_____	K. Federally reported intangible income such as, but not limited to interest, dividends, and patent and copyright incomeK	_____
C. Federally deducted taxes based on incomeC	_____	L. Amount of Federal Tax Credits to the extent they have reduced corresponding operating expensesL	_____
D. Guaranteed payments or accruals to or for current or former partners or members.....D	_____	M. Not previously deducted IRC 179 ExpenseM	_____
E. Federally deducted dividends, distributions, or amounts set aside for, credited to, or distributed to REIT or RIC investorsE	_____	N. Not previously deducted S corp charitable contributions.....N	_____
F. Federally deducted amounts paid or accrued to or for qualified self-employed retirement plans, health insurance plans, and life insurance plans for owners or owner-employees of non-C corporation entitiesF	_____	O. Deductible business expenses (Reduce by 2% federal AGI) (Attach Federal Form 2106 and Schedule A)O	_____
G. Rental activities by partnership or S Corp not previously included in incomeG	_____	P. Income on page 1, lines 1 through 4 earned outside Toledo as a nonresident (See Instructions line 24P)P	_____
H. Other.....H	_____	Q. OtherQ	_____
I. Total Items A through H (Transfer to Line 7, Page 1).....I	\$ _____	R. Total lines J through Q (Transfer to line 8 on Page 1).....R	\$ _____

SECTION C – PARTNERSHIP INCOME

25. NAME AND ADDRESS OF PARTNERSHIP AND EID NO. (Attach K-1's)

_____ \$ _____

_____ \$ _____

TOTAL PARTNERSHIP INCOME (Transfer to Line 2, Page 1) 25. _____

SECTION D – PARTNER'S DISTRIBUTIVE SHARE OF PARTNERSHIP INCOME

26. TO BE COMPLETED IF PARTNERSHIP FILES AN INFORMATION ONLY RETURN

Name, Residence, Address, & S.S. Number or Federal I.D. Number	Distributive Share
_____	_____
_____	_____
_____	_____

TOTAL (Transfer to Line 4, Page 1) 26. _____

SECTION Y – BUSINESS ALLOCATION

27. BUSINESS ALLOCATION FORMULA

	a. Located Everywhere	b. Located in Toledo	c. Percentage (b ÷ a)
STEP 1 AVERAGE ORIGINAL COST OF REAL AND TANGIBLE PERSONAL PROPERTY.....	_____	_____	_____ %
GROSS ANNUAL RENTALS MULTIPLIED BY 8.....	_____	_____	_____ %
TOTAL STEP 1.....	_____	_____	_____ %
STEP 2 WAGES, SALARIES, AND OTHER COMPENSATION FOR SERVICES PERFORMED.....	_____	_____	_____ %
STEP 3 GROSS RECEIPTS FROM SALES.....	_____	_____	_____ %
STEP 4 TOTAL PERCENTAGES.....	_____	_____	_____ %
STEP 5 AVERAGE PERCENTAGE (Divide Total Percentages by Number of Percentages Used: Transfer to Line 10, Page 1).....	_____	_____	27. _____ %

QUARTERLY ESTIMATED PAYMENTS ARE REQUIRED

GENERAL INFORMATION

Any taxpayer having or anticipating a 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 a 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. Estimated tax is due based on the respective income of each spouse. JOINT FILING IS NOT PERMITTED. 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 enclosed worksheet.