

FORM
DI-16



TOLEDO EXPRESS AIRPORT JEDD
ESTIMATED TAX - 2016

1

City of Residence _____

Name of Employer or Type of Business _____

Toledo Express Airport JEDD Account No.

Social Security No. or FEIN

Name
Street
Address
City,
State, Zip

PAYMENT NO. 1 - DUE APRIL 18, 2016 (CALENDAR)

Estimated Tax for

Year Ending _____

Amount of this Payment

\$

TAXPAYER'S SIGNATURE _____

DATE _____

Make Check Payable to: **COMMISSIONER OF TAXATION**

Mail to: **TOLEDO EXPRESS AIRPORT JEDD
C/O CITY OF TOLEDO
DIVISION OF TAXATION
1 GOVERNMENT CTR, SUITE 2070**

OFFICIAL USE ONLY

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FORM
DI-16



TOLEDO EXPRESS AIRPORT JEDD
ESTIMATED TAX - 2016

2

City of Residence _____

Name of Employer or Type of Business _____

Toledo Express Airport JEDD Account No.

Social Security No. or FEIN

Name
Street
Address
City,
State, Zip

PAYMENT NO. 2 - DUE JUNE 15, 2016 (CALENDAR)

Estimated Tax for

Year Ending _____

Amount of this Payment

\$

TAXPAYER'S SIGNATURE _____

DATE _____

Make Check Payable to: **COMMISSIONER OF TAXATION**

Mail to: **TOLEDO EXPRESS AIRPORT JEDD
C/O CITY OF TOLEDO
DIVISION OF TAXATION
1 GOVERNMENT CTR, SUITE 2070**

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FORM
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TOLEDO EXPRESS AIRPORT JEDD
ESTIMATED TAX - 2016

3

City of Residence _____

Name of Employer or Type of Business _____

Toledo Express Airport JEDD Account No.

Social Security No. or FEIN

Name
Street
Address
City,
State, Zip

PAYMENT NO. 3 - DUE SEPTEMBER 15, 2016 (CALENDAR)

Estimated Tax for

Year Ending _____

Amount of this Payment

\$

TAXPAYER'S SIGNATURE _____

DATE _____

Make Check Payable to: **COMMISSIONER OF TAXATION**

Mail to: **TOLEDO EXPRESS AIRPORT JEDD
C/O CITY OF TOLEDO
DIVISION OF TAXATION
1 GOVERNMENT CTR, SUITE 2070**

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TOLEDO EXPRESS AIRPORT JEDD
ESTIMATED TAX - 2016

4

PAYMENT NO. 4 - DUE DECEMBER 15, 2016 (CALENDAR)

City of Residence _____

Name of Employer or Type of Business _____

Toledo Express Airport JEDD Account No.

Social Security No. or FEIN

Name
Street
Address
City,
State, Zip

Estimated Tax for

Year Ending _____

Amount of this Payment

\$

TAXPAYER'S SIGNATURE _____

DATE _____

Make Check Payable to: **COMMISSIONER OF TAXATION**

Mail to: **TOLEDO EXPRESS AIRPORT JEDD**
C/O CITY OF TOLEDO
DIVISION OF TAXATION
1 GOVERNMENT CTR, SUITE 2070

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ESTIMATED PAYMENTS ARE REQUIRED

GENERAL INFORMATION

Any taxpayer having or anticipating an annual tax liability to the Toledo Express Airport JEDD exceeding \$200.00 shall file a declaration of estimated tax and pay the estimated tax due in quarterly installments. If all taxpayer's income is from wages and the taxpayer's employer withholds the proper amount of Toledo Express Airport JEDD tax, the taxpayer is not required to file an estimated Toledo Express Airport JEDD tax due. Complete the estimated Toledo Express Airport JEDD 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.

COMPUTATION OF ESTIMATED TAX

1. Enter the total amount of income subject to the Toledo Express Airport JEDD Tax
2. Multiply Line 1 times .50%, the current Toledo Express Airport JEDD tax rate.
3. Enter all municipal taxes which you expect your employer to withhold from your wages. Also enter any tax which will be paid on your behalf by a partnership. If you are a Toledo Express Airport JEDD resident who is required to pay tax on business profits to another municipality
4. Subtract Line 3 from Line 2, enter on Line 4.
5. Divide Line 4 by four and enter on the estimate form.
6. If you have any overpayment credit from a prior year, enter it here.

FAILURE TO PAY ESTIMATED TAX

A late fee (15% penalty + interest per quarter) will be assessed for failing to make quarterly estimated payments equal to 90% of the final 2016 tax liability by December 15, 2016.

**ESTIMATED TOLEDO EXPRESS AIRPORT JEDD INCOME TAX WORKSHEET
FOR CALENDAR YEAR 2016 OR FISCAL PERIOD**

(KEEP FOR YOUR RECORDS - DO NOT FILE)

COMPUTATION OF ESTIMATED TAX

1. Estimated Taxable Income _____
2. Estimated Tax = Line 1 x 0.50% _____
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 (1/4 of Line 4) _____

Payment Number	Date (a)	Amount (b)	2015 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				