

FORM
DI-16



TROY TOWNSHIP JEDD ESTIMATED TAX - 2016

1

City of Residence _____

Name of Employer or Type of Business _____

Troy Township JEDD Account Number

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: **TROY TOWNSHIP JEDD
C/O CITY OF TOLEDO
DIVISION OF TAXATION
1 GOVERNMENT CTR, SUITE 2070**

OFFICIAL USE ONLY

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FORM
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TROY TOWNSHIP JEDD ESTIMATED TAX - 2016

2

City of Residence _____

Name of Employer or Type of Business _____

Troy Township JEDD Account Number

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: **TROY TOWNSHIP JEDD
C/O CITY OF TOLEDO
DIVISION OF TAXATION
1 GOVERNMENT CTR, SUITE 2070**

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TROY TOWNSHIP JEDD ESTIMATED TAX - 2016

3

City of Residence _____

Name of Employer or Type of Business _____

Troy Township JEDD Account Number

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: **TROY TOWNSHIP JEDD
C/O CITY OF TOLEDO
DIVISION OF TAXATION
1 GOVERNMENT CTR, SUITE 2070**

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TROY TOWNSHIP JEDD
ESTIMATED TAX - 2016

4

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

City of Residence _____

Name of Employer or Type of Business _____

Troy Township Account Number

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: **TROY TOWNSHIP JEDD**
C/O CITY OF TOLEDO
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ESTIMATED PAYMENTS ARE REQUIRED

GENERAL INFORMATION

Any taxpayer having or anticipating an annual tax liability to the Troy Township 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 Troy Township JEDD tax, the taxpayer is not required to file an estimated of Troy Township JEDD tax due. 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.

COMPUTATION OF ESTIMATED TAX

1. Enter the total amount of income subject to the Troy Township JEDD Tax
2. Multiply Line 1 times 2.25%, the current Troy Township 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 Troy Township JEDD 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 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) will be assessed for failing to make quarterly estimated payments equal to either (1) 90% of the final 2016 tax liability, or (2) 100% of the final 2015 tax liability in quarterly payment by December 15, 2016.

**ESTIMATED TROY TOWNSHIP 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 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 (1/4 of Line 4) _____
6. Overpayment from 2015
Available for 2016 _____

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				