

FORM
BDI-18



TROY TOWNSHIP JEDD BUSINESS **1**
ESTIMATED TAX - 2018

City of Residence _____

Type of Business _____

Troy JEDD Account Number

Employers Identification No.

Name
Street
Address
City,
State, Zip

PAYMENT NO. 1 - DUE APRIL 17, 2018 (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
TOLEDO, OH 43604-2280

OFFICIAL USE ONLY

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FORM
BDI-18



TROY TOWNSHIP JEDD BUSINESS **2**
ESTIMATED TAX - 2018

City of Residence _____

Type of Business _____

Troy JEDD Account Number

Employers Identification No.

Name
Street
Address
City,
State, Zip

PAYMENT NO. 2 - DUE JUNE 15, 2018 (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
TOLEDO, OH 43604-2280

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FORM
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TROY TOWNSHIP JEDD BUSINESS **3**
ESTIMATED TAX - 2018

City of Residence _____

Type of Business _____

Troy JEDD Account Number

Employers Identification No.

Name
Street
Address
City,
State, Zip

PAYMENT NO. 3 - DUE SEPTEMBER 17, 2018 (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
TOLEDO, OH 43604-2280

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TROY TOWNSHIP JEDD BUSINESS 4
ESTIMATED TAX - 2018

City of Residence _____

Type of Business _____

Troy JEDD Account Number

Employers Identification No.

Name
Street
Address
City,
State, Zip

PAYMENT NO. 4 - DUE DECEMBER 17, 2018 (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
TOLEDO, OH 43604-2280

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ESTIMATED PAYMENTS ARE REQUIRED FOR BUSINESSES

GENERAL INFORMATION

Any taxpayer having or anticipating an annual tax liability to the Troy Township-Toledo JEDD exceeding \$200.00 shall file a declaraton 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-Toledo JEDD tax, the taxpayer is not required to file an estimated of Troy Township-Toledo 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 worksheet below.

COMPUTATION OF ESTIMATED TAX

1. Enter the total amount of income subject to Troy Township-Toledo JEDD Tax
2. Multiply Line 1 times 2.25%, the current Troy Township-Toledo JEDD tax rate.
3. Enter all municipal taxes which you expect your employer to withhold from your wages.
4. Subtract Line 3 from Line 2, enter on Line 4.
5. Multiply Line 4 by the appropriate percentage for each period and total. (22.5% by the 15th day of the 4th month; 45% by the 15th day of the sixth month; 67.5% by the 15th day of the 9th month; and for **BUSINESSES**, 90% by the 15th day of the 12th month).
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 2017 tax liability, or (2) 90% of the final 2018 tax liability (if 2017 was filed and filed for a full 12 month period) in quarterly payments by December 17, 2018.

**ESTIMATED TROY TOWNSHIP-TOLEDO JEDD INCOME TAX WORKSHEET
FOR CALENDAR YEAR 2018**

(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 Each Quarter (Place the amounts
under the appropriate qtr in column (b) to the right.)
6. Overpayment from 2017
Available for 2018 _____

Payment Number	Date (a)	Amount (b)	2017 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 (22.5%)				
2 (45.0%)				
3 (67.5%)				
4 (90.0%)				
Total				

