



CITY OF TOLEDO INDIVIDUAL **1**
ESTIMATED TAX - 2019

City of Residence _____

Name of Employer or Type of Business _____

Toledo Account # <input type="text"/>	Taxpayer's SSN <input type="text"/>	Social Security # <input type="text"/>
	Spouse's SSN (only if joint filing) <input type="text"/>	

Name
Spouse Name
Street
Address
City,
State, Zip

PAYMENT NO. 1 - DUE APRIL 15, 2019 (CALENDAR)

Amount of this Payment \$

TAXPAYER'S SIGNATURE DATE

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

Mail to:
CITY OF TOLEDO
DIVISION OF TAXATION
PO Box 12345
TOLEDO, OH 43604-2345

OFFICIAL USE ONLY

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CITY OF TOLEDO INDIVIDUAL **2**
ESTIMATED TAX - 2019

City of Residence _____

Name of Employer or Type of Business _____

Toledo Account # <input type="text"/>	Taxpayer's SSN <input type="text"/>	Social Security # <input type="text"/>
	Spouse's SSN (only if joint filing) <input type="text"/>	

Name
Spouse Name
Street
Address
City,
State, Zip

PAYMENT NO. 2 - DUE JUNE 17, 2019 (CALENDAR)

Amount of this Payment \$

TAXPAYER'S SIGNATURE DATE

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

Mail to:
CITY OF TOLEDO
DIVISION OF TAXATION
PO Box 12345
TOLEDO, OH 43604-2345

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CITY OF TOLEDO INDIVIDUAL **3**
ESTIMATED TAX - 2019

City of Residence _____

Name of Employer or Type of Business _____

Toledo Account # <input type="text"/>	Taxpayer's SSN <input type="text"/>	Social Security # <input type="text"/>
	Spouse's SSN (only if joint filing) <input type="text"/>	

Name
Spouse Name
Street
Address
City,
State, Zip

PAYMENT NO. 3 - DUE SEPTEMBER 16, 2019 (CALENDAR)

Amount of this Payment \$

TAXPAYER'S SIGNATURE DATE

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

Mail to:
CITY OF TOLEDO
DIVISION OF TAXATION
PO Box 12345
TOLEDO, OH 43604-2345

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CITY OF TOLEDO INDIVIDUAL **4**
ESTIMATED TAX - 2019

PAYMENT NO. 4 - DUE JANUARY 15, 2020 (CALENDAR)

City of Residence _____

Name of Employer or Type of Business _____

Amount of this Payment \$

Toledo Account #

Taxpayer's SSN

Spouse's SSN (only if joint filing)

Social Security #

TAXPAYER'S SIGNATURE _____ DATE _____

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

Mail to: **CITY OF TOLEDO**
DIVISION OF TAXATION
PO Box 12345
TOLEDO, OH 43604-2345

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ESTIMATED PAYMENTS ARE REQUIRED FOR INDIVIDUALS

GENERAL INFORMATION

Any taxpayer having or anticipating an annual tax liability to the City of Toledo 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 Toledo tax, the taxpayer is not required to file an estimated of Toledo 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 Toledo Tax
2. Multiply Line 1 times 2.25%, the current Toledo 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 **INDIVIDUALS**, 90% by the 15th day of the 1st month following the taxable year).
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 2019 tax liability, or (2) 100% of the final 2018 tax liability (if 2018 was filed and filed for a full 12 month period) in quarterly payments by January 15, 2020.

**ESTIMATED TOLEDO CITY INCOME TAX WORKSHEET
FOR CALENDAR YEAR 2019**

(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 2018
Available for 2019 _____

Payment Number	Date (a)	Amount (b)	2018 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				