



# CITY OF TOLEDO 2019 EZ INDIVIDUAL RESIDENT TAX RETURN

## DUE ON OR BEFORE 4/15/2020

PLEASE CHECK IF A  
 REFUND   
 CREDIT TO 2020   
 AMENDED   
 BALANCE DUE

ACCOUNT # \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

SPOUSE ACCOUNT # \_\_\_\_\_ SPOUSE SOCIAL SECURITY # \_\_\_\_\_

Single  Married Filing Joint  Married Filing Separate

PRINT First Name, Middle Initial, Last Name

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone#(\_\_\_\_) \_\_\_\_\_ Email Address \_\_\_\_\_

May we leave detailed messages at the above phone or email address? Yes  No

SPOUSE NAME First Name, Middle Initial, Last Name

Name \_\_\_\_\_

Address (If different from above) \_\_\_\_\_

### PART 1 START HERE

If all answers to the following questions are TRUE, you can file the EZ Form.

I lived in Toledo for the entire year of 2019. TRUE  FALSE

All of my 2019 wages were reported on W-2s, and the largest number of Box 5 or Box 18 was used. TRUE  FALSE

If I received W2-G's (Gambling Winnings) I have included them in my income. TRUE  FALSE

I did not have a current year Schedule C, E, F loss. TRUE  FALSE

I will not be using a prior year Schedule C, E, F loss. TRUE  FALSE

I did not have Partnership Income. TRUE  FALSE

**\*\*Attach a copy of your W-2's, W2-G's, Schedule(s); C, E, F, and any 1099-MISC's along with a copy of your Federal Form 1040 to include Schedule 1.**

**Note: Your return is not considered filed until these documents are received.**

### SIGNATURE

**IMPORTANT: This return is NOT considered filed until signed by taxpayer and spouse (if applicable).**

*The undersigned declares that this return (and accompanying schedules) is a true, correct and complete return for the taxable period stated, and that the figures used are the same as used for federal income tax purposes and understands that this information may be released to the tax administration of the city of residence and the I.R.S.*

Sign Here Your Signature → \_\_\_\_\_ Date \_\_\_\_\_

If a joint return, both must sign. Spouse Signature → \_\_\_\_\_ Date \_\_\_\_\_

CHECK BOX IF CITY MAY DISCUSS YOUR RETURN WITH TAX PREPARER.

**IF YOU OWE MORE THAN \$200, QUARTERLY ESTIMATE PAYMENTS ARE REQUIRED** and may be subject to penalties and interest due to lack of estimated payments. Further, you may need to make estimate payments for 2020 if you expect to owe the same or greater amount next year.

Did you file a Toledo tax return in 2018? YES  NO

IF YES, PLEASE COMPLETE AND FILE THIS RETURN EVEN IF NOTHING OWED

Should your Tax account be inactivated? YES  NO

Reason: \_\_\_\_\_

### PART 2

STEP 1. Add up all of your Municipal Income and write the total below. (Attach all supporting documents)

STEP 2. Multiply Step 1 by 2.25% (.0225) and write below.

STEP 3. Add up amounts in Box 19 of all your W-2's and Box 17 of your W2-G's and write total below. (Limited to 2.25%)

STEP 4. Enter the amount of Credit from 2018 and the amount of Estimates paid for 2019 and total below.

Credit \_\_\_\_\_ + Estimates \_\_\_\_\_ = Total \_\_\_\_\_

STEP 5. Subtract the amount in Step 3 and the Total from Step 4 from the amount in Step 2 and write total below. If a positive amount, this is your balance due. If a negative amount, go to Step 6.

STEP 6. If the amount in Step 5 is a negative amount of more than \$10, indicate the amount below you want refunded or credited to 2020 and check the appropriate box at the top of this form.

Credit to 2020 \_\_\_\_\_ Refunded: \_\_\_\_\_

**AMOUNTS \$10 OR LESS ARE NOT DUE, PAYABLE OR CREDITED TO THE NEXT YEAR**

For ON-LINE payment information, visit our website [www.toledo.oh.gov](http://www.toledo.oh.gov).

EMAIL: [incometax@toledo.oh.gov](mailto:incometax@toledo.oh.gov)

Payment must accompany return.  
 Make payable to "COMMISSIONER OF TAXATION"

### MAIL TO:

**REFUND:**  
 CITY OF TOLEDO INCOME TAX  
 PO BOX 902  
 TOLEDO, OH 43697-0902

**PAYMENT ENCLOSED:**  
 CITY OF TOLEDO INCOME TAX  
 PO BOX 993  
 TOLEDO, OH 43697-0993

**NO PAYMENT ENCLOSED:**  
 CITY OF TOLEDO INCOME TAX  
 PO BOX 929  
 TOLEDO, OH 43697-0929

Paid Preparer's Use Only

Your Signature → \_\_\_\_\_ Date \_\_\_\_\_

Print Name → \_\_\_\_\_ PTIN \_\_\_\_\_

Phone Number → \_\_\_\_\_