



CITY OF TOLEDO INDIVIDUAL ESTIMATED TAX - 2024

1

PAYMENT NO. 1 - DUE APRIL 15, 2024 (CALENDAR)

City of Residence _____

Name of Employer or Type of Business _____

Toledo Account #

Social Security #

[Toledo Account # input box]

Taxpayer's SSN

[Social Security # input box]

Spouse's SSN (only if joint filing)

[Spouse's SSN input box]

Name Spouse Name Street Address City, State, Zip

Amount of this Payment

Amount of this Payment input box with \$ symbol

TAXPAYER'S SIGNATURE

DATE

Make Check Payable to: COMMISSIONER OF TAXATION

Mail to: CITY OF TOLEDO DIVISION OF TAXATION PO BOX 632014 CINCINNATI, OH 45263- 2014

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CITY OF TOLEDO INDIVIDUAL ESTIMATED TAX - 2024

2

PAYMENT NO. 2 - DUE JUNE 17, 2024 (CALENDAR)

City of Residence _____

Name of Employer or Type of Business _____

Toledo Account #

Social Security #

[Toledo Account # input box]

Taxpayer's SSN

[Social Security # input box]

Spouse's SSN (only if joint filing)

[Spouse's SSN input box]

Name Spouse Name Street Address City, State, Zip

Amount of this Payment

Amount of this Payment input box with \$ symbol

TAXPAYER'S SIGNATURE

DATE

Make Check Payable to: COMMISSIONER OF TAXATION

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CITY OF TOLEDO INDIVIDUAL ESTIMATED TAX - 2024

3

PAYMENT NO. 3 - DUE SEPTEMBER 16, 2024 (CALENDAR)

City of Residence _____

Name of Employer or Type of Business _____

Toledo Account #

Social Security #

[Toledo Account # input box]

Taxpayer's SSN

[Social Security # input box]

Spouse's SSN (only if joint filing)

[Spouse's SSN input box]

Name Spouse Name Street Address City, State, Zip

Amount of this Payment

Amount of this Payment input box with \$ symbol

TAXPAYER'S SIGNATURE

DATE

Make Check Payable to: COMMISSIONER OF TAXATION

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City of Residence _____

Name of Employer or Type of Business _____

Amount of this Payment \$

Toledo Account #

Social Security #

Taxpayer's SSN

Spouse's SSN (only if joint filing)

TAXPAYER'S SIGNATURE _____

DATE _____

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

Mail to:
CITY OF TOLEDO
 DIVISION OF TAXATION
 PO BOX 632014
 CINCINNATI, OH 45263- 2014

Name
 Spouse Name
 Street
 Address
 City,
 State, Zip

OFFICIAL USE ONLY

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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 estimate 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 2.5%, 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 2.5% for each period and total.
6. If you have any overpayment credit from a prior year, enter it here.

You may **file and pay electronically** through our website listed below. Click on **File or Pay Individual** which will take you to Authority TaxConnect to register and pay.

<https://toledo.oh.gov/how-to-pay-your-income-taxes>

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 2024 tax liability, or (2) 100% of the final 2023 tax liability (if 2023 was filed and filed for a full 12 month period) in quarterly payments by January 15, 2025.

**ESTIMATED TOLEDO CITY INCOME TAX WORKSHEET
 FOR CALENDAR YEAR 2024**

(KEEP FOR YOUR RECORDS - DO NOT FILE)

COMPUTATION OF ESTIMATED TAX

1. Estimated Taxable Income _____
2. Estimated Tax = Line 1 x 2.5% _____
3. Less Municipal Tax Withheld paid by a partnership or paid to another city. (_____)
4. Less Overpayment from 2023 Available for 2024 _____
5. Net Estimated Tax Due _____
6. Amount Due Each Quarter (Place the amounts under the appropriate qtr in column (b) to the right.)

Payment Number	Date (a)	Amount (b)	2023 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				