

CITY OF TOLEDO INDIVIDUAL **1**
ESTIMATED TAX - 2026

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, 2026 (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 632014
CINCINNATI, OH 45263- 2014

OFFICIAL USE ONLY

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Pay online using Tax Connect

CITY OF TOLEDO INDIVIDUAL **2**
ESTIMATED TAX - 2026

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 15, 2026 (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 632014
CINCINNATI, OH 45263- 2014

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CITY OF TOLEDO INDIVIDUAL **3**
ESTIMATED TAX - 2026

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 15, 2026 (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 632014
CINCINNATI, OH 45263- 2014

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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 632014
 CINCINNATI, OH 45263- 2014

Name
 Spouse Name
 Street
 Address
 City,
 State, Zip

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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 estimates. 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. If you have any overpayment credit from a prior year, enter it here. Subtract Line 3 from Line 2, enter on Line 4.
5. Subtract Line 3 and Line 4 from Line 2, enter on Line 5.
6. Divide Line 5 by 4.

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

<https://toledo.oh.gov/pay-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, 90% of the final 2026 tax liability, or 100% of the final 2025 tax liability (if 2025 was filed and filed for a full 12 month period) in quarterly payments by January 15, 2027.

ESTIMATED TOLEDO CITY INCOME TAX WORKSHEET FOR CALENDAR YEAR 2026

(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 expected to be Withheld by an employer or a partnership. (_____)
4. Less Overpayment from 2025 Available for 2026 (_____)
5. Net Estimated Tax Due _____
6. Amount Due Each Quarter (Place the amounts under the appropriate Quarter in column (b) to the right.)

Payment Number	Date (a)	Amount (b)	2025 Overpayment Credit applied to Installment (c)	Add (b) and (c) Total amount paid and credited from Jan 1 through the installment date shown. (d)
1				
2				
3				
4				
Total				