

VILLAGE OF BOLIVAR, OHIO

2021 INCOME TAX RETURN

Due by April 18, 2022

If Partial Year or Fiscal Period, give dates through

FILING REQUIRED EVEN IF NO TAX DUE

Name and Address:

Filing Status [[Filer Type]]

Are you or the business entity a Resident () YES () NO

Moved INTO BOLIVAR on

Moved OUT OF BOLIVAR on

Should your account be deactivated? () YES () NO Reason:

MAKE NAME OR ADDRESS CORRECTION

Taxpayer FEIN

Phone

To receive electronic correspondence, please provide an email address:

@ .com

- 1. Reconciled Net Profit/Loss (Page 2 Line 3) 1.
2. (a) Net Operating Loss Carryforward 2.
(b) Allocation Rate Allocated Net Profit or Loss 2b
3. Taxable Income 3.
4. BOLIVAR CITY TAX - multiply income by 1% 4.
5. CREDITS
(a) Taxpayer Estimated Payments 5a
(b) Prior Year Overpayment that was not refunded 5b
(c) TOTAL CREDITS (add a, b, c, and d) 5c
6. BALANCE DUE (If Line 4 exceeds Line 5e, enter difference here) 6.
7. If paying, or filing after the due date, add Penalty Interest Late Filing Fee 7.
8. Total Amount Due (add lines 6 and 7) 8.
9. Overpayment claimed (If Line 5e exceeds Line 4) 9.
(a) Credit to [[YEARNEXT]] 12.
(b) TO BE REFUNDED 13.

NO TAX OF LESS THAN \$10.00 SHALL BE COLLECTED OR REFUNDED

DECLARATION OF ESTIMATED TAX FOR YEAR 2022
REQUIRED BY LAW IF ESTIMATED TAX DUE IS AT LEAST \$200

- 1. Total income subject to BOLIVAR tax multiply by BOLIVAR tax @ 1% TAX DUE 1.
2. LESS Tax to be Withheld 2.
3. Balance estimated BOLIVAR tax for 2022 3.
4. Less Credits: a. Overpayment on previous year's return 4a.
b. Other (Specify) 4b. Total Credits 4.
5. Net tax due (Line 3 less total of Line 4) 5.
6. Amount of Quarterly Estimate Payment (not less than 22.5% of Line 5) 6.
7. Total Amount due with return (Line 8 from Return plus Line 6 from Declaration) 7.

I certify I have examined this return (including accompanying schedules and statements) and to the best of my knowledge, I believe it is true, correct, and complete.

[] If this return was prepared by a Tax Practitioner, check here if we may contact him/her directly with questions regarding the preparation of this return.

SIGNATURE OF PERSON PREPARING IF OTHER THAN TAXPAYER

DATE

SIGNATURE OF TAXPAYER

DATE

ADDRESS OF PREPARER IF OTHER THAN TAXPAYER

PHONE

SIGNATURE OF SPOUSE IF JOINT RETURN

DATE

MAKE CHECK PAYABLE TO "VILLAGE OF BOLIVAR-INCOME TAX" SEND TO VILLAGE OF BOLIVAR, INCOME TAX DEPT., P.O. BOX 204, BOLIVAR, OH 44612
PHONE (330) 874-3717

2021 ATTACH COPIES OF ALL FEDERAL SCHEDULES AND SUPPORTING STATEMENTS

LINE 1. NET PROFIT/LOSS (FORM 1041, 1065, 1120 1120S, ETC.) 1. \$ _____

SCHEDULE X		RECONCILIATION WITH FEDERAL INCOME TAX RETURN - Attach Schedules			
ITEMS NOT DEDUCTIBLE		ADD	ITEMS NOT TAXABLE		DEDUCT
a. Capital Losses	\$ _____		i. Capital gains (Excluding Ordinary Gains From 4797)	\$ _____	
b. Expenses incurred in the production of non-taxable income (At least 5% of Line m)	\$ _____		j. Interest Income	\$ _____	
c. Taxes paid to state and local municipalities	\$ _____		k. Dividends	\$ _____	
d. Payments to partners	\$ _____		l. Other (Explain)	\$ _____	
e. Loss carried forward per Federal Return	\$ _____				
f. Contributions	\$ _____				
g. Other (Explain)	\$ _____				
h. Total Additions	\$ _____				
			m. Total Deductions	\$ _____	

LINE 2. EXCESS INCOME/DEDUCTIONS (SCHEDULE X LINE h MINUS LINE m) 2. \$ _____

LINE 3. RECONCILED NET PROFIT/LOSS (LINE 1 PLUS LINE 2) 3. \$ _____

SCHEDULE Y BUSINESS ALLOCATION FORMULA			
	a. LOCATED EVERYWHERE	b. LOCATED IN THIS MUNICIPALITY	c. PERCENTAGE (b + a)
STEP 1. AVG. ORIGINAL COST OF REAL & TANG. PERSONAL PROPERTY			
GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8	_____	_____	
TOTAL STEP 1.	_____	_____	_____ %
STEP 2. GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED (SEE INSTRUCTIONS).			
	_____	_____	_____ %
STEP 3. WAGES, SALARIES, AND OTHER COMPENSATION PAID.			
	_____	_____	_____ %
STEP 4. TOTAL PERCENTAGES.			_____ %
STEP 5. AVERAGE PERCENTAGE (Divide Total Percentages By Number of Percentages Used.)			_____ %

LINE 4. ALLOCATED NET PROFIT/LOSS (LINE 3 MULTIPLIED BY STEP 5 SCHEDULE Y) 4. \$ _____

LINE 5. NET OPERATING LOSS CARRY FORWARD ATTACH SCHEDULE 5. \$(_____)

LINE 6. BOLIVAR TAXABLE INCOME (LINE 4 PLUS LINE 5) 6. \$ _____

IF LOSS ENTER ZERO AND CARRY FORWARD TO NEXT YEAR

ENTER LINE 6 ON PAGE 1 LINE 1

SCHEDULE Z		Partners Distributive Shares of Net Income - From Federal Schedules 1065 K-1 and 1120S K-1						
1. NAME AND MUNICIPALITY OR TOWNSHIP OF EACH PARTNER	Partner's Social Security No.	2. Resident		3. Distributive Shares of Partners		4. Other Payments	5. Taxable Percentage	6. Amount Taxable
		Yes	No	Percent	Amount			
					\$ _____	\$ _____		\$ _____
7. TOTALS				100	\$ _____			