

VILLAGE OF BOLIVAR, OHIO

2022 INCOME TAX RETURN

Due by April 18, 2023

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 2023
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 2023 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