

2022 INCOME TAX RETURN

Due by April 18, 2023

VILLAGE OF BOLIVAR, OHIO

FILING REQUIRED EVEN IF NO TAX DUE

If Partial Year or Fiscal Period, give dates
_____ through _____

Name and Address MAKE NAME OR ADDRESS CORRECTION			Filing Status	
			Are you or the business entity a Resident () YES () NO	
			Date Moved INTO BOLIVAR on _____	
			Date Moved OUT OF BOLIVAR on _____	
			Should your account be deactivated? () YES () NO Reason: _____	
			Birthdate Taxpayer: _____	Spouse: _____
Taxpayer Social Security No.	Spouse Social Security No.	Phone _____	To receive electronic correspondence, please provide an email address: _____ @ _____ .com	

- | | |
|---|------------|
| 1. A. Total Wages (ATTACH ALL W-2'S AND 1099'S) | 1. _____ |
| B. LESS: Wages earned while non-resident (part year residents only) | _____ |
| 2. Profit from Income other than Wages. Total adjustments from back of form (if applicable) | 2. _____ |
| 3. Taxable Income (add lines 1 and 2) | 3. _____ |
| (a) Net Operating Loss Carry Forward | (a). _____ |
| 4. BOLIVAR CITY TAX – multiply income by 1% | 4. _____ |
| 5. CREDITS | |
| (a) BOLIVAR income tax withheld by employer(s) 5a | _____ |
| (b) Municipal tax paid to other cities (limited to 1/2 of 1%) 5b | _____ |
| (c) Taxpayer Estimated Payments 5c | _____ |
| (d) Prior Year Overpayment that was not refunded 5d | _____ |
| (e) TOTAL CREDITS (add a, b, c, and d) 5e | _____ |
| 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 | 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 paid with this return (not less than 22.5% X Line 5)		6. _____

I certify I have examined this return (including 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 them directly with questions regarding the preparation of the return []

SIGNATURE OF TAXPAYER _____ 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 ext. 3

2022 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	\$ _____			