

2023 INCOME TAX RETURN

Due by April 15, 2024

FILING REQUIRED EVEN IF NO TAX DUE

VILLAGE OF BOLIVAR, OHIO

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

Business Name and Address:	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:	
Taxpayer FEIN:	Phone	To receive electronic correspondence, please provide an email address:

1. Reconciled Net Profit/Loss (Page 2 Line 3) 1. _____
2. (a) Net Operating Loss Carry Forward 2. _____
(b) Allocation Rate _____ Allocation 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, and c) 5c. _____
6. BALANCE DUE (If Line 4 exceeds Line 5c, 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 5c exceeds Line 4) 9. _____
(a) Credit to 2024 10. _____
(b) TO BE REFUNDED 11. _____

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

DECLARATION OF ESTIMATED TAX FOR YEAR 2024 REQUIRED BY LAW IF ESTIMATED TAX DUE IS AT LEAST \$200

1. Total income subject to BOLIVAR tax multiply by BOLIVAR tax rate @ 1%	TAX DUE 1. _____
2. LESS Tax to be Withheld	2. _____
3. Balance estimated BOLIVAR tax for 2024	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 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 PERSON PREPARING IF OTHER THAN TAXPAYER _____ DATE _____ SIGNATURE OF TAXPAYER _____ DATE _____
ADDRESS OF PREPARER IF OTHER THAN TAXPAYER _____ PHONE _____ SIGNATURE OF TAXPAYER _____ 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