

2024 INCOME TAX RETURN

Due by April 15, 2025

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 2025 10. _____
(b) TO BE REFUNDED 11. _____

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

DECLARATION OF ESTIMATED TAX FOR YEAR 2025 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 2025 | 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

2024

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		\$ _____	p. Capital gains (Excluding Ordinary Gains From 4797) ..		\$ _____
b. Expenses incurred in the production of non-taxable income (At least 5% of Line t)		_____	q. Interest Income		_____
c. Taxes based on income		_____	r. Dividends		_____
d. Payments to partners		_____	s. Other (Explain)		_____
e. Other (Explain)		_____		_____
f. Total Additions		\$ _____		_____
			t. Total Deductions		\$ _____

LINE 2. EXCESS INCOME/DEDUCTIONS (SCHEDULE X LINE f MINUS LINE t) 2. \$ _____

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

CARRY OVER NOL UTILIZED

1. NOL Available.....
2. Current Federal adjusted taxable income
3. NOL deduction available to claim this year
4. Taxable income after NOL deduction (Line 2 • 3).....

SCHEDULE Y-1 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.	_____	_____	_____ %
4. TOTAL PERCENTAGES.			_____ %
5. AVERAGE PERCENTAGE (Divide Total Percentages By 3A factor is applicable even though it may be allocable entirely in or outside The VILLAGE of BOLIVAR.			_____ %

LINE 4. The Village of Bolivar TAXABLE INCOME (LINE 4 FROM CARRYOVER NOL UTILIZED MULTIPLIED BY STEP 5, SCHEDULE Y) \$ _____

ENTER LINE 4 ON PAGE 1 LINE 1

SCHEDULE Y-1 Reconciliation to Form W-3, Withholding Reconciliation

Total wages allocated to The Village of Bolivar: (from Federal Return or allocation formula) \$ _____

Total wages shown on Form W-3 (Withholding Reconciliation) \$ _____

Please explain any difference: _____