

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 2026 10. _____
 (b) TO BE REFUNDED 11. _____

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

DECLARATION OF ESTIMATED TAX FOR YEAR 2026 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 2026	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

2025**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 3.A 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: _____

2025 BOLIVAR, OHIO INCOME TAX

In order to process this return, please attach the appropriate corresponding Federal Schedule 1065, 1120, 1120S, or other pertinent Federal Schedule. Failure to submit the proper supporting documents will result in a delay in processing the return.

