

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 <input type="checkbox"/> YES <input type="checkbox"/> NO
		Date Moved INTO BOLIVAR on _____
		Date Moved OUT OF BOLIVAR on _____
		Should your account be deactivated? <input type="checkbox"/> YES <input type="checkbox"/> 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. _____
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)
 - (a) Credit to 2026 9. _____
 - (b) TO BE REFUNDED 10. _____
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
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 1) .....	.....	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 EVERWHERE	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.

