

VILLAGE OF BOLIVAR

NOT A FEDERAL RETURN

BUSINESS/INDIVIDUAL INCOME TAX RETURN
FOR THE CALENDAR YEAR

AMOUNT RECEIVED

File with

\$ _____

INCOME TAX DEPARTMENT

Processed by _____

P.O. Box 204

FISCAL PERIOD _____ to _____

CASH M.O.

BOLIVAR, OHIO 44612

Calendar Year Taxpayers File on or Before April 30,
Fiscal and Partial Year Taxpayers File Within 4 Months of End of the Period

Check

Check your status as a taxpayer: Employee Professional Proprietor Partner Partnership Resident Non-Resident Other

PLACE LABEL BELOW OR WRITE NAME AND ADDRESS

SOCIAL SECURITY NUMBERS

Yours _____
Spouse _____
Phone () _____

**W-2
COPIES
MUST
BE
ATTACHED**

- 1. GROSS WAGES, SALARIES, TIPS, BONUSES, COMMISSIONS & OTHER COMPENSATION RECEIVED BEFORE PAYROLL DEDUCTIONS \$ _____
- 2. OTHER TAXABLE INCOME:
 - A. BUSINESS PROFIT (Attach Federal Forms) PAGE 2 SECTION A OR B \$ _____
 - B. RENTAL INCOME (Attach Federal Forms) PAGE 2 SECTION C \$ _____
 - C. TOTAL OTHER TAXABLE INCOME (Line A Plus Line B) Not less than zero \$ _____
- NOTE: Business or rental losses may not be used to offset wages
- 3. DEDUCT EMPLOYEE BUSINESS EXPENSE (Attach Fed. 2106 Form) PAGE 2 SECTION D \$ _____
- 4. TAXABLE INCOME (Line 1 Plus Line 2C Less Line 3) \$ _____
- 5. CITY TAX DUE 1% OF LINE 4 \$ _____

- 6. CREDITS
 - A. BOLIVAR INCOME TAX WITHHELD \$ _____
 - B. INCOME TAX PAID OTHER CITIES (Not To Exceed 1% Each W-2 Separately) \$ _____
 - C. OVERPAYMENT FROM PRIOR YEAR \$ _____
 - D. ESTIMATED TAX PAYMENTS \$ _____
 - E. TOTAL CREDITS (Add Lines A, B, C, D) \$ _____
- 7. BALANCE TAX DUE, IF LINE 5 IS GREATER THAN LINE 6E (Payment in full must accompany return) \$ _____
- 8. A PENALTY \$ _____ INTEREST _____ page 2 SECTION D \$ _____
- NOTE: Interest is due at the rate of one-half of one percent (1/2%) per month or fraction thereof times the unpaid tax.
Penalty is due at the rate of one and one-half of one percent (1 1/2%) per month or fraction thereof times the unpaid tax.
- 9. TOTAL AMOUNT DUE PAYABLE TO VILLAGE OF BOLIVAR (LINE 7 PLUS 8A AND 8B) \$ _____
- 10. OVERPAYMENT TO BE REFUNDED \$ _____ OR CREDITED \$ _____ TO NEXT YEAR ESTIMATE.

NOTE: No taxes or refunds of less than \$1.00 shall be collected or refunded.

DECLARATION OF ESTIMATED TAX FOR YEAR _____

- 1. Total income subject to Bolivar tax \$ _____ 2. Bolivar tax @ 1% \$ _____
- 3. LESS TAX TO BE WITHHELD
 - a. By a Bolivar Employer \$ _____
 - b. By an employer in _____ (name of city) \$ _____
- 4. Balance estimated Bolivar tax \$ _____
- 5. Less Credits: a. Overpayment on previous year's return \$ _____
b. Other (Specify) \$ _____ Total Credits \$ _____
- 6. Net Tax due (line 4 less total of line 5) \$ _____
- 7. Amount paid with this return (not less than 1/4 of line 6) \$ _____
- 8. Balance of Tax \$ _____

Make Remittance Payable to
BOLIVAR INCOME TAX

I CERTIFY THAT I HAVE EXAMINED THIS RETURN (INCLUDING ACCOMPANYING SCHEDULES AND STATEMENTS) AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS TRUE, CORRECT AND COMPLETE. IF PREPARED BY A PERSON OTHER THAN TAXPAYER, THE DECLARATION IS BASED ON ALL INFORMATION OF WHICH PREPARER HAS ANY KNOWLEDGE.

Name _____

Address _____ Phone _____

Signature of Person Preparing If Other than Taxpayer _____ Date _____

Signature _____ Date _____

Signature _____ Date _____

TAX DEPARTMENT COPY

DISREGARD THIS PAGE IF ENTIRE TAXABLE INCOME IS FROM SALARY AND WAGES

SECTION A		Attach appropriate federal schedules for income from partnerships, business, estates, trusts, fees and other	
Received From	For (Describe)	Federal Form(s) Attached	Amount
TOTAL BUSINESS INCOME			Enter Schedule B Line 1 \$ _____

SECTION B	ADJUSTMENTS TO INCOME
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1. Total income from Section A or attached copies of Federal Returns & Schedules. \$ _____
2. a. Items not deductible (Schedule X, Line M) _____
- b. Items not taxable (Schedule X, Line Z) _____
- c. Difference between Line 2a & 2b to be added to or subtracted from Line 1 _____
3. a. Adjusted net income (Line 1 + or - 2c) if Schedule X is used. _____
- b. Amount of Line 3a allocable (%) From Schedule Y, Line 5 _____
- c. Less allocable loss carryover per previous income tax return. (Attach schedule) Operating losses may be carried forward no more than five years. _____
4. Amount subject to Bolivar Income Tax (Enter on Line 2A, page 1) \$ _____

SECTION C	RENTAL INCOME FROM FEDERAL SCHEDULE E AND R	\$ _____
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Attach copy of federal schedules

SECTION D	EMPLOYEE BUSINESS EXPENSE FEDERAL FORM 2106	\$ _____
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Attach copy of federal schedules

SCHEDULE X. RECONCILIATION WITH FEDERAL INCOME TAX RETURN

ITEMS NOT DEDUCTIBLE		ADD	ITEMS NOT TAXABLE		DEDUCT
a. Capital & Ordinary Losses (From Fed. Sch. D.)	\$ _____	_____	n. Capital & ordinary gains (Exclusive of Gains treated as Ordinary Income for Fed. Income Tax Purposes - attach Fed. Sch. D.)	\$ _____	_____
b. Expenses incurred in the production of non-taxable income	_____	_____	o. Interest Income	_____	_____
c. Income Taxes (Fed., State, City)	_____	_____	p. Dividends	_____	_____
d.	_____	_____	q. Income from Royalties or Copyrights	_____	_____
e. Payments to partners	_____	_____	r. Other Income exempt from Bolivar Tax (explain)	_____	_____
f. Sick pay not included in Line 1, Page 1	_____	_____	z. Total Deductions (enter as line 2b, Section B)	\$ _____	_____
g.	_____	_____			
h. Other expenses not deductible (Explain)	_____	_____			
m. Total Additions (enter as Line 2a, Section B)	\$ _____	_____			

SCHEDULE Y Business Allocation Formula

STEP 1. AVERAGE VALUE OF REAL & TANGIBLE PERSONAL PROPERTY GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8 TOTAL STEP 1	A. LOCATED EVERYWHERE	B. LOCATED IN BOLIVAR	PERCENTAGE B ÷ A
	STEP 2. WAGES, SALARIES, ETC. PAID	_____	_____
STEP 3. GROSS RECEIPTS FROM SALES MADE AND/OR WORK OR SERVICES PERFORMED	_____	_____	_____ %
4. TOTAL PERCENTAGES	_____	_____	_____ %
5. AVERAGE PERCENTAGE (Divide Total Percentages By Number of Percentages Used)	_____	_____	_____ %

Carry to Line 3b, Section B _____ %

SCHEDULE Z — PARTNERS' DISTRIBUTIVE SHARES OF NET INCOME

1. NAME AND CITY OR TOWNSHIP OF EACH PARTNER	2. Resident		3. Distributive Shares of Partners		4. Other Payments	5. Taxable Percentage	6. Amount Taxable
	Yes	No	Percent	Amount			
(a)				\$ _____	\$ _____		\$ _____
(b)							
(c)							
(d)							
TOTAL	XXXXX	XXXXX	100	\$ _____		XXXXXXXXXXXXX	XXXXXXXXXXXXXXXXX

HAS YOUR FEDERAL TAX LIABILITY FOR ANY YEAR BEEN CHANGED IN THE YEAR COVERED BY THIS RETURN AS A RESULT OF AN EXAMINATION BY THE INTERNAL REVENUE SERVICE? YES _____ NO _____. IF YES, HAS AN AMENDED BOLIVAR RETURN BEEN FILED FOR SUCH YEAR OR YEARS? YES _____ NO _____