

VILLAGE OF BOLIVAR

NOT A FEDERAL RETURN

BUSINESS/INDIVIDUAL INCOME TAX RETURN

AMOUNT RECEIVED

FOR THE CALENDAR YEAR

\$ _____

File with _____

Processed by _____

INCOME TAX DEPARTMENT

CASH M.O.

P.O. Box 204

FISCAL PERIOD _____ to _____

Check

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 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 \$ _____

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 _____ Date _____

Signature of Person Preparing if Other than Taxpayer _____ Date _____

Signature _____ Date _____

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 |
|------------------|------------------------------|

- 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 | \$ _____ |
|------------------|--|----------|

Attach copy of federal schedules

| | | |
|------------------|--|----------|
| SECTION D | EMPLOYEE BUSINESS EXPENSE FEDERAL FORM 2106 | \$ _____ |
|------------------|--|----------|

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 |
|-------------------|------------------------------------|

| | A. LOCATED EVERYWHERE | B. LOCATED IN BOLIVAR | PERCENTAGE |
|--|-----------------------|-----------------------|--|
| STEP 1. AVERAGE VALUE OF REAL & TANGIBLE PERSONAL PROPERTY GROSS ANNUAL RENTALS PAID MULTIPLIED BY 8 | _____ | _____ | $B \div A$ |
| TOTAL STEP 1 | _____ | _____ | _____ % |
| 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 | \$ _____ | | XXXXXXXXXX | XXXXXXXXXXXXXXXXXX |

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 _____.