

2019 INCOME TAX RETURN

Due by 4/15/2020

VILLAGE OF BOLIVAR, OHIO

FILING REQUIRED EVEN IF NO TAX DUE

If Partial Year or Fiscal Period, give dates
_____, 2019 through _____

			Filing Status	I _____	
			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: _____
NAME AND ADDRESS			Birthdate Taxpayer:	Spouse: _____	
Taxpayer Social Security No.	Spouse Social Security No.	Phone	To receive electronic correspondence, please provide an email address: _____ @ _____ .com		

1. (a) Total Wages (ATTACH ALL W-2'S AND 1099'S) 1.a _____
 (b) LESS: Wages earned while non-resident (part year residents only) 1.b _____
2. Profit from Income other than Wages. Total adjustments from back of form (if applicable) 2. _____
3. (a) Taxable Income (add lines 1 and 2) 3.a _____
 (b) Net Operating Loss Carry Forward 3.b _____
4. BOLIVAR CITY TAX – multiply income by 1% 4. _____
5. CREDITS
 - (a) BOLIVAR income tax withheld by employer(s) 5a _____
 - (b) Municipal tax paid to other cities (½ % per city, per W-2) 5b _____
 - (c) Taxpayer Estimated Payments (may not include 4th qtr) 5c _____
 - (d) Prior Year Overpayment that was not refunded 5d _____
 - (e) TOTAL CREDITS (add a, b, c, and d) 5e _____
6. BALANCE DUE (If Line 4 exceeds Line 5e, 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 5e exceeds Line 4) 9. _____
 - (a) Credit 12. _____
 - (b) TO BE REFUNDED 13. _____

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

**DECLARATION OF ESTIMATED TAX FOR YEAR 2020
REQUIRED BY LAW IF ESTIMATED TAX DUE IS AT LEAST \$200**

1. Total income subject to BOLIVAR tax	multiply by BOLIVAR tax rate @ 1%	1. _____
2. LESS Tax to be Withheld		2. _____
3. Balance estimated BOLIVAR tax for 2020		3. _____
4. Less Credits: Overpayment on previous year's return		4. _____
5. Net tax due (Line 3 less line 4)		5. _____
6. Amount of 1 st quarter estimate (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 TAXPAYER _____ SIGNATURE OF SPOUSE (IF JOINT RETURN) _____ 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 ext. 3

2019 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
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ITEMS NOT DEDUCTIBLE	ADD	ITEMS NOT TAXABLE	DEDUCT
a. Capital Losses	\$ _____	i. Capital gains (Excluding Ordinary Gains From 4797) ...	\$ _____
b. Expenses incurred in the production of non-taxable income (At least 5% of Line m)	\$ _____	j. Interest Income	\$ _____
c. Taxes paid to state and local municipalities.....	\$ _____	k. Dividends	\$ _____
d. Payments to partners	\$ _____	l. Other (Explain)	\$ _____
e. Loss carried forward per Federal Return.....	\$ _____	
f. Contributions.....	\$ _____	
g. Other (Explain)	\$ _____	
h. Total Additions	\$ _____	m. Total Deductions.....	\$ _____

LINE 2. EXCESS INCOME/DEDUCTIONS (SCHEDULE X LINE h MINUS LINE m) 2. \$ _____

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

SCHEDULE Y 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).			
OR SERVICES PERFORMED (SEE INSTRUCTIONS).			%
STEP 3. WAGES, SALARIES, AND OTHER COMPENSATION PAID.			%
STEP 4. TOTAL PERCENTAGES.			%
STEP 5. AVERAGE PERCENTAGE (Divide Total Percentages By Number of Percentages Used.			%

LINE 4. ALLOCATED NET PROFIT/LOSS (LINE 3 MULTIPLIED BY STEP 5 SCHEDULE Y) 4. \$ _____

LINE 5. NET OPERATING LOSS CARRY FORWARD (ATTACH SCHEDULE) 5. \$(_____)

LINE 6. BOLIVAR TAXABLE INCOME (LINE 4 PLUS LINE 5) 6. \$ _____

IF LOSS ENTER ZERO AND CARRY FORWARD TO NEXT YEAR

ENTER LINE 6 ON PAGE 1 LINE 1

SCHEDULE Z		Partners Distributive Shares of Net Income - From Federal Schedules 1065 K-1 and 1120S K-1						
1. NAME AND MUNICIPALITY OR TOWNSHIP OF EACH PARTNER	Partner's Social Security No.	2. Resident		3. Distributive Shares of Partners		4. Other Payments	5. Taxable Percentage	6. Amount Taxable
		Yes	No.	Percent	Amount			
					\$ _____	\$ _____		\$ _____
7. TOTALS				100	\$ _____			