

Do not staple or paper clip.

## Department of Taxation

Rev. 9/17

## 2017 Ohio SD 100 School District Income Tax Return



Use only black ink and UPPERCASE letters.

File a sep	arate Ohio SD 100	for each taxing scl	nool district in which you liv	ved during the taxable yea	ar.
Check here if this is an amended	<u>d</u> return. Include th	e Ohio SD RE (do	<b>NOT</b> include a copy of the	he previously filed return	).
Check here if this a Net Operatir	ng Loss (NOL) car	ryback. Include Oh	io Schedule IT NOL.		
Taxpayer's SSN (required)	▶ If decea	sed Spouse's S	SN (if filing jointly)	▶▶ If deceased	Enter school district # for this return (see instructions)
	check l	оох		check box	SD# ▶▶
First name		M.I. Last na	me		
Spouse's first name (only if married fi	ling iointly)	M.I. Last na	me		
Mailing address line 1 (number and st	treet) or P.O. Box				
Mailing address line 2 (apartment nur	nber, suite numbe	r, etc.)			
City			State ZIP cod	de Ohio count	y (first four letters)
Foreign country (if the mailing addres	s is outside the U.	S.)	Foreign postal co	de	
School District Residency –	Check applicable	box	Check applicable box	x for spouse (only if marr	ied filing jointly)
Full-year Part-year resident Full-year nonresident of SD# above of SD# above			Full-year resident	Part-year resident of SD# above	Full-year nonresident of SD# above
Enter date of nonresidency	to		Enter date of nonresidency		
Filing Status - Check one (must	match the Ohio IT	1040):	Tax Type - Check	one (for an explanation, se	ee instructions)
Single, head of household or qualifying widow(er)			The school district for which this return is being filed is a(n):		
Married filing jointly			Traditional tax base school district. You must start with Schedule A, line 19, on page 2 of this return.		
Married filing separately				tax base school districtage 2 of this return.	t. You must start with Schedule
School district taxable income: Tradit					00
			e the amount you show on		0 0
2. School district tax rate times line 1 (rates found in the instructions)					0 0
4. School district income tax liability (line 2 minus line 3; if less than zero, enter zero)4.					0 0
5. Interest penalty on underpayment of	nclude Ohio IT/SD	2210 and the appropriate	е	0 0	
worksheet if you annualize      Total school district income tax liability before withholding or estimated payments.					0 0
		J == =====	, , - ( ) proc	-, -	
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Postmark date

Code



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17020202

SSN SD#	
6a. Amount from line 6 on page 1	Sa. 0 0
7. School district income tax withheld. School district number on W-2(s), W-2G(s) and/or 1099-R(s) must agree with the school district number on this return. Include W-2(s), W-2G(s) and 1099-R(s) with the	_ 00
return	.7.
8. Ohio SD 100ES and SD 40P payments, and credit carryforward from the previous year return	
9. Amended return only – amount previously paid with original and/or amended return	9.
10. Total school district income tax payments (add lines 7, 8 and 9)	0.0
11. <u>Amended return only</u> – overpayment previously requested on original and/or amended return	11.
12. Line 10 minus line 11. Place a "-" in the box at the right if the amount is less than zero	0.0
If line 12 is MORE THAN line 6a, go to line 16. OTHERWISE, continue to line 13.	
13. Tax liability (line 6a minus line 12). If line 12 is negative, ignore the "-" and add line 12	00
to line 6a	0 0
14. Interest and penalty due on late filing or late payment of tax (see instructions)	4.
15. TOTAL AMOUNT DUE (line 13 plus line 14). Include Ohio SD 40P (if original return) or Ohio SD 40XP (if amended return) and make check payable to "School District Income Tax"AMOUNT DUE	5.
16. Overpayment (line 12 minus line 6a)	0.0
17. Original return only – amount of line 16 to be credited toward 2018 school district income tax liability	0.0
18. REFUND (line 16 minus line 17)	8.
Schedule A – Traditional Tax Base School District Amounts (see instructions)  Complete this schedule only if filing a traditional tax base school district return.	
19. Ohio income tax base (Ohio IT 1040, line 3 minus Ohio IT 1040, line 4). Place a "-" in the box	0 0
at the right if the amount is less than zero	0 0
20. Business income deduction add-back (see instructions)	20.
the right if the amount is less than zero	21. 0 0
22. The amount from line 21, if any, that you earned while <b>not</b> a resident of the school district whose number you entered on this return	0 0
23. School district taxable income (line 21 minus line 22; if less than zero, enter zero). Enter here and on line 1 of this return	0.0
Schedule B - Earned Income Tax Base School District Amounts (see instructions)	
Complete this schedule only if filling an earned income tax base school district return.	
24. Wages and other compensation you earned while you were a resident of the school district whose number you entered on this return (see instructions)	0 0
25. Net earnings from self-employment to the extent included in Ohio adjusted gross income. Place	0.0
a "-" in the box at the right if the amount is less than zero	25.
26. Miscellaneous federal adjustments (see instructions)	26.
	27. 0 0
	lie
Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.	If your refund is \$1.00 or less, no refund will be issued.  If you owe \$1.00 or less, no payment is necessary.
Your signature Date (MM/DD/YY)	NO Payment Included – Mail to:
Spouse's signature Phone number	School District Income Tax P.O. Box 182197
Check here to authorize your preparer to discuss this return with Taxation.	Columbus, OH 43218-2197  Payment Included – Mail to:
Preparer's printed name	School District Income Tax
Phone number Preparer's TIN (PTIN)	P.O. Box 182389 Columbus, OH 43218-2389