



Department of
Taxation
Rev. 9/17

2017 Ohio SD 100 School District Income Tax Return



17020202

SSN

SD#

6a. Amount from line 6 on page 1 6a.

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 return 7.

8. Ohio SD 100ES and SD 40P payments, and credit carryforward from the previous year return 8.

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) 10.

11. **Amended return only** – 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 12.

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 to line 6a 13.

14. Interest and penalty due on late filing or late payment of tax (see instructions) 14.

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” 15.

16. Overpayment (line 12 minus line 6a) 16.

17. **Original return only** – amount of line 16 to be credited toward 2018 school district income tax liability 17.

18. **REFUND** (line 16 minus line 17) 18. **YOUR REFUND** ▶

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 at the right if the amount is less than zero 19.

20. Business income deduction add-back (see instructions) 20.

21. Total traditional tax base school district income (line 19 plus line 20). Place a “-” in the box at the right if the amount is less than zero 21.

22. The amount from line 21, if any, that you earned while **not** a resident of the school district whose number you entered on this return 22.

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 23.

Schedule B – Earned Income Tax Base School District Amounts (see instructions)

Complete this schedule **only** if filing 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) 24.

25. Net earnings from self-employment to the extent included in Ohio adjusted gross income. Place a “-” in the box at the right if the amount is less than zero 25.

26. Miscellaneous federal adjustments (see instructions) 26.

27. School district taxable income (add lines 24, 25 and 26; if less than zero, enter zero). Enter here and on line 1 of this return 27.

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.

▶ Your signature Date (MM/DD/YY)

▶ Spouse's signature Phone number

☐ Check here to authorize your preparer to discuss this return with Taxation.

Preparer's printed name

Phone number Preparer's TIN (PTIN) P

If your refund is \$1.00 or less, no refund will be issued.
If you owe \$1.00 or less, no payment is necessary.

NO Payment Included – Mail to:
School District Income Tax
P.O. Box 182197
Columbus, OH 43218-2197

Payment Included – Mail to:
School District Income Tax
P.O. Box 182389
Columbus, OH 43218-2389