Do not staple or paper clip.



2017 Ohio SD 100 School District Income Tax Return



Rev. 9/17

Use only black ink and UPPERCASE letters.
File a separate Ohio SD 100 for each taxing school district in which you lived during the taxable year

Check here if this a Net Operating Loss (NOL) carryba Taxpayer's SSN (required) If deceased		Sp	oouse's SSN	N (if filing jointly)		**	If deceased		Enter school district # for this return (see instructions)			
_	check box	L					check	box	SD#	••		
First name		M.I.	Last name	e								
Spouse's first name (only if married filin	g jointly)	M.I.	Last name	e							_	
Address line 1 (number and street) or P	O. Box	Ц						_		Ш		
										Ш		
Address line 2 (apartment number, suite	e number, etc.)											
City		_		State	ZIP code		Ohio	county	/ (first fou	ur lette	ers)	
							╛┕					
Foreign country (if the mailing address i		X		Foreign	cable box fo	or spous	se (only	if marri	ed filing	jointl	y)	
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Postmark date

Code



2017 Ohio SD 100 School District Income Tax Return



17020202

	17020202
SSN SD# SD# 6a. Amount from line 6 on page 1	60
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	/.
9. <u>Amended return only</u> – amount previously paid with original and/or amended return	
10. Total school district income tax payments (add lines 7, 8 and 9)	10.
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	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	
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"AMOUNT DUE	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	
18. REFUND (line 16 minus line 17)	18.
Schedule A – Traditional Tax Base School District Amounts (see instructions)	
Complete this schedule <u>only</u> 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)	
the right if the amount is less than zero	21.
22. The amount from line 21, if any, that you earned while <u>not</u> 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 <u>only</u> 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 o line 1 of this return	on O
Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge	If your refund is \$1.00 or less, no refund will be issu
and belief, the return and all enclosures are true, correct and complete.	If you owe \$1.00 or less, no payment is necessar
Your signature Date (MM/DD/YY)	NO Payment Included – Mail to: School District Income Tax
Spouse's signature Phone number Phone number	P.O. Box 182197 Columbus, OH 43218-2197
Check here to authorize your preparer to discuss this return with Taxation. Preparer's printed name	Payment Included – Mail to: School District Income Tax
Phone number Preparer's TIN (PTIN)	P.O. Box 182389 Columbus, OH 43218-2389







Ohio SD RE Reason and Explanation of Corrections

Note: For amended school district return only

Complete the Ohio SD 100 (checking the amended return box) and include this form with documentation to support any adjustments to the line items on the return.

Taxpayer's SSN (required)	
First name M.I. Last name	
Reason(s):	
Net operating loss carryback (IMPORTANT: Be sure to complete and include Ohio Schedule IT NOL, Net Operating Loss Carryback, [available at tax.ohio.gov] and check the box on the front of the Ohio SD 100 indicating that you are amending for a NOL.) Federal adjusted gross income increased Federal adjusted gross income decreased* Change in amount of earned income (earned income tax base filers) Filing status changed* Residency status changed Exemptions increased (traditional tax base filers)* Exemptions decreased (traditional tax base filers)	Ohio IT 1040, Schedule A, additions to income Ohio IT 1040, Schedule A, deductions from income Senior citizen credit claimed Ohio IT/SD 2210 interest penalty amount increased Ohio IT/SD 2210 interest penalty amount decreased School district withholding increased School district withholding decreased Estimated and/or Ohio SD 40P amount or previous year carryforward overpayment increased Estimated and/or Ohio SD 40P amount or previous year carryforward overpayment decreased Amount paid with original filing did not equal amount reported as paid with the original filing
*To avoid delays you must include a copy of your federal account transcopy of the federal acceptance letter or refund check. Detailed explanation of adjusted items (include additional sheet[s] if ne	
E-mail address	_ Telephone number

Federal Privacy Act Notice

Because we require you to provide us with a Social Security number, the *Federal Privacy Act of 1974* requires us to inform you that providing us your Social Security number is mandatory. Ohio Revised Code sections 5703.05, 5703.057 and 5747.08 authorize us to request this information. We need your Social Security number in order to administer this tax.



Ohio SD RE Filing Tips

Common documentation to include (do not include a copy of the original return)

A. Federal Return Changes (do not file with Ohio until IRS has accepted your changes)

A copy of the federal 1040X with a copy of the federal acceptance letter or refund check. You may also provide a current Tax Account Transcript from the IRS.

B. Residency Status Change

A copy of your other state return, mortgage statement, lease agreement, utility bill, driver's license, voter registration, vehicle registration or any other document which provides evidence of your residency change.

C. Increase in School District Withholding

A copy of your wage and income statement(s) supporting the withholding being claimed for the school district number you entered on this return.

Tips on Filing SD 100 Amended Tax Return

1. When not to file an amended return

- a) Math errors The Ohio Department of Taxation will make corrections and issue a notice.
- b) Missing schedules You'll be contacted to provide such information. Please respond to the notice with supporting documentation.
- c) Demographic errors If an error has been made on the taxpayer name, address, and/or SSN, provide a copy of a driver's license, social security card, or utility bill which has the correct address on it.
- d) Missing withholding The Ohio Department of Taxation will send a variance notice if W2/1099 forms are needed. Respond to the notice with the missing form(s) showing school district tax withheld.

NOTE: Generally, anytime you receive a variance notice, you should respond to the notice with documentation which will support the income/deductions/credits claimed. Most instances would not require an amended return to be filed.

2. Provide as much detail as possible on amended returns

Please utilize the "Detailed explanation" section on page 1 to fully explain exactly what you're changing on the return.

3. Pay additional tax

Please include an SD 40XP payment voucher along with your payment.

2017 Ohio SD 40P

Include the voucher below with your payment for your **ORIGINAL** 2017 school district income tax return.

Important

- Make payment payable to: School District Income Tax
- Do not send cash.
- Do not use this voucher to make a payment for an amended school district income tax return. Use Ohio SD 40XP.
- Do not use this voucher to make a payment for an Ohio income tax return. Use Ohio IT 40P for an original Ohio income tax return. Use Ohio IT 40XP for an amended Ohio income tax return.

Electronic Payment Options

You can eliminate writing a paper check by using any of our electronic payment methods. If you make a payment using an electronic check, it is the equivalent of using a debit card to withdraw money directly from your checking or savings account. Go to our website at **tax.ohio.gov** for all electronic payment options.

Federal Privacy Act Notice

Because we require you to provide us with a Social Security number, the *Federal Privacy Act of 1974* requires us to inform you that providing us with your Social Security number is mandatory. Ohio Revised Code sections 5703.05, 5703.057 and 5747.08 authorize us to request this information. We need your Social Security number in order to administer this tax.

Cut on the dotted lines. Use only black ink. OHIO SD 40P Rev 7/17 2017SP Do NOT fold check or voucher. **School District Income Tax Payment Voucher** • Do NOT staple or paper clip. Use UPPERCASE letters · Do NOT send cash. to print the first three letters of First name M.I. Last name School district Taxpayer's Spouse's last name number last name (only if joint filing) Spouse's first name (only if joint filing) Address Taxpayer's SSN City, state, ZIP code Spouse's SSN (only if joint filing) • Include this voucher with your payment for your original 2017 school district income tax return. Amount of Make payment payable to: School District Income Tax **Payment** • Mail to: School District Income Tax, P.O. Box 182389, Columbus, OH 43218-2389

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2017 Ohio SD 40XP

Include the voucher below with your payment for your **AMENDED** 2017 school district income tax return.

Important

- Make payment payable to: School District Income Tax
- Do not send cash.
- Do not use this voucher to make a payment for an original school district income tax return. Use Ohio SD 40P.
- Do not use this voucher to make a payment for an Ohio income tax return. Use Ohio IT 40XP for an amended Ohio income tax return. Use Ohio IT 40P for an original Ohio income tax return.

Electronic Payment Options

You can eliminate writing a paper check by using any of our electronic payment methods. If you make a payment using an electronic check, it is the equivalent of using a debit card to withdraw money directly from your checking or savings account. Go to our website at **tax.ohio.gov** for all electronic payment options.

Federal Privacy Act Notice

Because we require you to provide us with a Social Security number, the *Federal Privacy Act of 1974* requires us to inform you that providing us with your Social Security number is mandatory. Ohio Revised Code sections 5703.05, 5703.057 and 5747.08 authorize us to request this information. We need your Social Security number in order to administer this tax.

Let use the dotted lines. Use only black ink. OHIO SD 40XP 2017SP Do NOT fold check or voucher. **School District Income Tax Payment** • Do NOT staple or paper clip. Voucher for an Amended Return Use UPPERCASE letters · Do NOT send cash. to print the first three letters of First name M.I. Last name School district Taxpayer's Spouse's last name number last name (only if joint filing) Spouse's first name (only if joint filing) M.I. Last name Address Taxpayer's SSN City, state, ZIP code Spouse's SSN (only if joint filing) • Include this youcher with your payment for your amended 2017 school district income tax return. Amount of Make payment payable to: School District Income Tax **Payment** Mail to: School District Income Tax, P.O. Box 182389, Columbus, OH 43218-2389