Do not staple or paper clip.

2020 Ohio SD 100

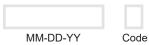
School District Income Tax Return



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

| Check here if this is an <u>amended</u> return Do <u>NOT</u> include a copy of the previousl | | Ohio S | SD RE. | Checl | k here if claim | ning ar | n NOL carrybao | ck. Include Schedu | ıle IT NOL. |
|---|------------------|--------|-----------------------|-----------------------|-----------------|----------|-------------------|---------------------------------------|-------------|
| | If deceased | Sp | oouse's SSN | (if filing joint | ly) | •• | If deceased | School district # this return (see in | |
| First name | check box | M.I. | Last name | | | | check box | SD# ▶▶ | |
| Spouse's first name (only if married filing jointl | y) | M.I. | Last name | | | | | | |
| Address line 1 (number and street) or P.O. Bo | x | | | | | | | | |
| Address line 2 (apartment number, suite numb | oer, etc.) | | | | | | | | |
| City | | | | State | ZIP code | | Ohio count | ty (first four letters) | |
| Foreign country (if the mailing address is outsi | ide the U.S.) | | | Foreign | postal code | | | | |
| Residency Status - Check only one for | primary | | | Check only | one for spou | se (if n | narried filing jo | intly) | |
| Resident Part-year resident | Nonreside | nt | | Reside | nt Pa | rt-yea | r resident | Nonresident | |
| Dates of nonresidency to | | | | Dates of nonresidence | ;y | | to | | |
| Filing Status - Check one (as reported or | n the Ohio IT 1 | 040) | | Tax Type | - Check one | (see ii | nstructions) | | |
| Single, head of household or qualifying | widow(er) | | | Traditio | onal tax base | . Start | with line 19 of | this return. | |
| Married filing jointly Married filing separately | Spouse's SSI | N | | Earned | d income tax | base | . Start with line | e 24 of this return. | |
| School district taxable income: Traditional tax Earned incom | | | | | | | 1. | | 00 |
| 2. School district income tax liability: line 1 time | s tax rate | | (rat | tes found in t | he instruction | ıs) | 2. | | |
| 3. Senior citizen credit (you must be 65 or olde | er to claim this | cred | it; limit \$50 | per return). | | | 3. | | |
| 4. Line 2 minus line 3 (if less than zero, enter 2 | zero) | | | | | | 4. | | |
| 5. Interest penalty on underpayment of estima | ted tax (includ | e Oh | io IT/SD 221 | 0) | | | 5. | | |
| 6. Total school district income tax liability | pefore withhold | ding c | or estimated | payments (I | ine 4 plus line | 9 5) | 6. | | |
| | | | | | | | | | |
| | | | | | | | | | |

Do not write in this area; for department use only.



2020 Ohio SD 100

School District Income Tax Return



SD# SSN

| 6a. | Amount from line 6 on page 1 | .6a. | |
|------------|---|--|--|
| | School district income tax withheld – Schedule of School District Withholding, part A, line 1 (INCLUDE SCHEDULE) | | |
| 8. | Estimated and extension payments (from Ohio SD 100ES and SD 40P), and credit carryforward from last year's 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) | .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 | | |
| 14. | Interest due on late payment of tax (see instructions) | . 14. | |
| | 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 > | | |
| 16. | Overpayment (line 12 minus line 6a) | .16. | |
| 17. | Original return only – amount of line 16 to be credited toward next year's school district income tax liability | .17. | |
| 18. | REFUND (line 16 minus line 17) | 18. | |
| <u>Tra</u> | ditional Tax Base School District Amounts (lines 19 to 23) | | |
| | 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 (from Ohio Schedule A, line 11) | .20. | |
| 21. | Line 19 plus line 20. Place a "-" in the box at the right if the amount is less than zero | .21. | |
| | The portion of line 21 received while a nonresident of the school district entered above | | |
| Ear | on line 1 of this return ned Income Tax Base School District Amounts (lines 24 to 27) | .23. | |
| | · | | |
| | Wages and other compensation received while a resident of the school district and included in modified adjusted gross income (see instructions) | .24. | |
| | Net earnings from self-employment received while a resident of the school district and included in modified adjusted gross income (see instructions) | .25. | |
| 26. | Federal conformity 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. | |
| | n Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge belief, the return and all enclosures are true, correct and complete. | If your refund is \$1.00 or less, no refund will be iss If you owe \$1.00 or less, no payment is necessar | |

Primary signature ___ _____ Phone number

Check here to authorize your preparer to discuss this return with the Department.

Preparer's printed name ____ _____ Phone number_

Preparer's TIN (PTIN)

NO Payment Included – Mail to: Ohio Department of Taxation P.O. Box 182197 Columbus, OH 43218-2197

Payment Included – Mail to: Ohio Department of Taxation P.O. Box 182389 Columbus, OH 43218-2389



2020 Schedule of School **District Withholding**



Use only black ink/UPPERCASE letters.

Complete a **separate** schedule for each SD 100 you file that reports school district withholding.

Primary taxpayer's SSN

School District #

List your and your spouse's (if filing jointly) W-2 and 1099-R forms only if they have school district withholding. Complete all fields for each form entered. Enter "P" in the "PIS" box if the form is the primary taxpayer's and enter "S" if it is the spouse's. Complete additional copies if necessary.

Important: On occasion, employers will report school district withholding in box 14 of the W-2 instead of the "local" boxes. In this case, enter the school district number and the withholding amount in the appropriate fields and report the Ohio state wages from box 16 as the school district wage amount.

1. Total of all school district income tax withheld for the school district entered above. Enter here and on

Part A - Total Withholding

| line 7 | of your SD 100 | | 1 |
|--------|------------------------------------|---|--|
| | | | |
| | <u>s - W-2s</u> | David Managating other communication | Day O. Fadaral in acres to youtth hald |
| 1. P/S | Box b - EIN | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
| | | _[0]0 | |
| | Box 15 - Employer's Ohio ID number | Box 18 - School district wages | Box 19 - School district tax |
| | | | |
| o D/C | Davida FIN | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
| 2. P/S | Box b - EIN | box 1 - wages, ups, other compensation | Box 2 - Federal income tax withheld |
| | | _[0]0 | |
| | Box 15 - Employer's Ohio ID number | Box 18 - School district wages | Box 19 - School district tax |
| | | | |
| 3. P/S | Box b - EIN | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
| 3. F/S | DOX D - EIIN | Box 1 - wages, ups, outer compensation | Box 2 -1 ederar meetine tax withmed |
| | | _[0]0 | |
| | Box 15 - Employer's Ohio ID number | Box 18 - School district wages | Box 19 - School district tax |
| | | | |
| 4 D/C | Davida FIN | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
| 4. P/S | Box b - EIN | box 1 - wages, ups, other compensation | Box 2 - 1 ederal income tax withheld |
| | | _[0]0 | |
| | Box 15 - Employer's Ohio ID number | Box 18 - School district wages | Box 19 - School district tax |
| | | | |
| 5 5/0 | 5 . 50. | Day 4. Warran time at her commencation | Day 2. Fadaral in agree toy withheald |
| 5. P/S | Box b - EIN | Box 1 - Wages, tips, other compensation | Box 2 - Federal income tax withheld |
| | | _[0]0 | |
| | Box 15 - Employer's Ohio ID number | Box 18 - School district wages | Box 19 - School district tax |
| | | | |
| 5 40 | 4000 P | | |
| | <u>- 1099-Rs</u> | Box 1 - Gross distribution | Poy 4 Fodoral income toy withhold |
| 1. P/S | Payer's TIN | DOX 1 - Gross distribution | Box 4 - Federal income tax withheld |
| | | _[0]0 | |
| | Box 15 - Payer's Ohio number | Box 19 - School district distribution | Box 17 - School district tax |
| | | | |
| | | | |



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Tax Year 2020

E

Ohio SD RE Reason and Explanation of Corrections

Note: For amended school district return only

Primary taxpayer's SSN

| Complete the Ohio SD 100 (checking the amend the line items on the return. | ded return box) and include this form with documentation to support any adjustments to |
|--|--|
| Reason(s): | |
| Ohio income tax base change (Traditional tax base only) | Filing status changed |
| Business income deduction add-back ch | Residency status changed nange |
| (Traditional tax base only) | Senior citizen credit claimed |
| Wages and other compensation change (Earned income tax base only) | Other (describe the reason below) |
| Net self-employment income change (Earned income tax base only) | |
| | due to an amended Ohio IT 1040, file your amended SD 100 at the same time. See the advividual and School District Income tax instructions. |
| Detailed explanation of adjusted items (include a | additional sheet[s] if necessary): |
| | |
| | |
| | |
| | |
| | |
| 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 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.





Amended SD 100 Filing Tips

If your amended SD 100 results in tax due, you should <u>always</u> include an SD 40XP payment voucher with your payment. Do <u>not</u> use the SD 40P payment voucher.

When amending due to changes to my federal return, should I file my amended Ohio return(s) at the same time I file my amended federal return with the IRS?

Refund: You should wait to file your amended Ohio IT 1040 and/or SD 100 until the IRS has approved the changes to your amended federal return. When filing your amended returns, you must include:

Option #1 Option #2

- A copy of your federal amended return (1040X), AND
- A copy of the IRS acceptance letter -or- refund check.
- A copy of your updated IRS account transcript reflecting the changes to your federal return.

Tax Due: To reduce the amount of interest you will owe, you should file your amended SD 100 and pay any tax due as soon as possible.

What documentation should I include when amending to show a change in my school district residency status?

Submit any and all relevant information you believe supports your change in residency status from one school district to another. Provide as many relevant documents as possible. Relevant documents include, but are not limited to, the following: property records, utility bills, vehicle registration, driver's licenses or state IDs, and voter registration.

When should I NOT file an amended return?

Some common mistakes may not require an amended return. Instead, the Department of Taxation will either make the corrections or contact you to request documentation. For example, the following mistakes generally do <u>not</u> require an amended return:

- Math errors;
- · Missing return pages;
- Unclaimed estimated and/or extension payments;*
- Demographic errors (such as name, address or SSN corrections);
- Unclaimed withholding.**

*Generally, unclaimed estimated and/or extension payments will automatically be added to your original return when filed.

**If you have unclaimed withholding, please submit a detailed explanation along with legible copies of all income statements (W-2s and 1099s) showing the school district withholding amounts instead of filing an amended return.

For additional information, you can go to tax.ohio.gov for FAQs (located under the "Income - Amended Returns" topic).

2020 Ohio SD 40XP

Include the voucher below with your payment for your **AMENDED** 2020 school district income tax return.

<u>Important</u>

- Make payment payable to: School District Income Tax
- Include the tax year, the last four digits of your SSN, and the school district number on the "Memo" line of your payment.
- 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 <u>amended</u> Ohio income tax return. Use Ohio IT 40P for an <u>original</u> Ohio income tax return.

Electronic Payment Options

You can make your payment electronically even if you file by paper. Pay by electronic check, credit card or debit card via the Department's Online Services. Go to tax.ohio.gov for more information.

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.

AMENDED PAYMENT

| OHIO SD 40XP Amended School District Income Tax Payment Voucher | Tax Year : 2020 | Do <u>NOT</u> send cash Do <u>NOT</u> fold, staple, or paper clip | School district number | | |
|--|-----------------|---|---|--|--|
| First name M.I. Last name | | | Use UPPERCASE letters to print the first three letters of | | |
| Spouse's first name (only if joint filing) M.I. Last name | □ 3888 | Taxpayer's | Spouse's last name | | |
| Address | | last name | (only if joint filing) | | |
| City, State, ZIP code | Taxpayer's SS | SN . | | | |
| Make payment payable to: School District Income Tax | Spouse's SSN | ١ | | | |

Make payment payable to: School District Income Tax Mail to: School District Income Tax, P.O. Box 182389, Columbus, OH 43218-2389



(only if joint filing)