

Department of Taxation

School District Income Tax P.O. Box 182388 Columbus, OH 43218-2388



13040100

2013 SD 141 Long Rev. 11/12 School District Employer's Annual

**Reconciliation of Tax Withheld** 

Ohio withholding acct. no.	FEIN		Payment due date 01/31/20	14	Go paperless! File your return through Ohio Business Gateway: tax.ohio.gov
Number and street					Amended Return Check box if amended return.
City, state, ZIP					Final Return Check box if out of business or no more SD employees.
If you do not owe any taxes, write -0- in th ance due, mail one check payable to Sch amount. Complete the tax liability and the t for which you withheld tax. If this return is an amended SD 141 (i) you	nool District Incom total payment for e	the Tax for the total each school district	1. Enter the total amount of school district income tax re- quired to be withheld for ALL active school districts during 2013.	\$	
underpayment/overpayment(s) that were o then add any further adjustments; (ii) add t previously filed SD 141(s); and (iii) deduct f any previously filed SD 141(s).	n any previously f o line 2 total payn	iled SD 141(s) and nents made on any	<ol> <li>Enter the amount of pay- ments made for 2013 on Ohio form SD 101 for ALL active school districts.</li> </ol>	\$	
DO NOT STAPLE OR OTHERWISE ATTAC TO THIS FORM. DO NOT SEND CASH. M TRICT INCOME TAX and mail to School D Columbus, OH 43218-2388.	lake check payabl iistrict Income Tax	e to <b>SCHOOL DIS-</b> , P.O. Box 182388,	<ol> <li>If line 2 is LESS than line 1, subtract line 2 from line 1 and enter the balance of school district income tax due.</li> <li>AMOUNT YOU OWE →</li> </ol>	\$	
I declare under penalties of perjury that this schedules and statements, has been exan knowledge and belief, is a true, correct and	, to the best of my	<ol> <li>If line 2 is GREATER than line 1, subract line 1 from line 2 and enter the overpayment of school district income tax.</li> </ol>			
Signature	Title	Date	YOUR REFUND →	\$	

A School District Name	B School District No.	C School District Income Tax Withheld	D Amount of Payment	E Underpayment/ (Overpayment)



Ohio Withholding Account No.



For the Period Ending

A School District Name	В	13090500 C	D	E
School District Name	B School District No.	C School District Income Tax Withheld	D Amount of Payment	E Underpayment/ (Overpayment)
	District NO.		or Fayment	(Overpayment)
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