

Do not staple or paper clip.



Department of Taxation

2020 Ohio SD 100 School District Income Tax Return



20020106

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 amended return. Include the Ohio SD RE. Do NOT include a copy of the previously filed return.

Check here if claiming an NOL carryback. Include Schedule IT NOL.

Primary taxpayer's SSN (required) If deceased Spouse's SSN (if filing jointly) If deceased School district # for this return (see instructions).

First name check box M.I. Last name check box SD#

Spouse's first name (only if married filing jointly) M.I. Last name

Address line 1 (number and street) or P.O. Box

Address line 2 (apartment number, suite number, etc.)

City State ZIP code Ohio county (first four letters)

Foreign country (if the mailing address is outside the U.S.) Foreign postal code

Residency Status table with columns for Resident, Part-year resident, Nonresident for both primary and spouse.

Filing Status and Tax Type table with options for Single, Married filing jointly, and Traditional tax base vs Earned income tax base.

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- 1. School district taxable income: Traditional tax base: Amount from line 23 on page 2. Earned income tax base: Amount from line 27 on page 2.
2. School district income tax liability: line 1 times tax rate (rates found in the instructions)
3. Senior citizen credit (you must be 65 or older to claim this credit; limit \$50 per return)
4. Line 2 minus line 3 (if less than zero, enter zero)
5. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210)
6. Total school district income tax liability before withholding or estimated payments (line 4 plus line 5)

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

MM-DD-YY Code

2020 Ohio SD 100
School District Income Tax Return



SSN

SD#

- 6a. Amount from line 6 on page 1
7. 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
10. Total school district income tax payments (add lines 7, 8 and 9)
11. Amended return only - overpayment previously requested on original and/or amended return
12. Line 10 minus line 11. Place a "-" in the box at the right if the amount is less than zero
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)
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"
16. Overpayment (line 12 minus line 6a)
17. Original return only - amount of line 16 to be credited toward next year's school district income tax liability
18. REFUND (line 16 minus line 17)

Grid of boxes for entering amounts, with some boxes containing '00'.

If line 12 is MORE THAN line 6a, go to line 16. OTHERWISE, continue to line 13.

Traditional Tax Base School District Amounts (lines 19 to 23)

- 19. 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
20. Business income deduction add-back (from Ohio Schedule A, line 11)
21. Line 19 plus line 20. Place a "-" in the box at the right if the amount is less than zero
22. The portion of line 21 received while a nonresident of the school district entered above
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

Earned Income Tax Base School District Amounts (lines 24 to 27)

- 24. Wages and other compensation received while a resident of the school district and included in modified adjusted gross income (see instructions)
25. Net earnings from self-employment received while a resident of the school district and included in modified adjusted gross income (see instructions)
26. Federal conformity adjustments (see instructions)
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

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.
Primary signature Phone number
Spouse's signature Date (MM/DD/YY)
Check here to authorize your preparer to discuss this return with the Department.
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: 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