

2016 SD 100



School District Income Tax Return

Note: This form encompasses the SD 100 and amended SD 100X.

Is this an amended return?	Yes No If yes, include	de SD RE (do <u>n</u>	ot include a co	opy of the previou	usly filed return)		
Is this a Net Operating Loss (NO	L) carryback? Yes	No If yes,	include Sched	ule IT NOL			
Taxpayer's SSN (required)	▶▶ If deceased	Spouse's SSI	N (if filing jointl	y) •	▶ If deceased	Enter school of this return (se	
	check box				check box	SD# ▶▶	
First name	5551.257.	M.I. Last nam	ne		0.10011 20X	OD!! //	
Spouse's first name (only if married	I filing jointly)	M.I. Last nam	ie				
Mailing address (for faster process	ng, use a street address)						
City			State	ZIP code	Ohio coun	ty (first four letters	s)
Home address (if different from ma	iling address) – do <u>NOT i</u>	nclude city or s	tate	ZIP code	Ohio d	county (first four le	etters)
Foreign country (if the mailing addr	ess is outside the U.S.)		Forei	ign postal code			
School District Residency — File a separate SD 100 for each taxing Check applicable box Full-year resident of SD# above Enter date of nonresidency School District Residency — File a separate SD 100 for each taxing a separate SD 100 for each				cable box for spo ar Part-ye t of SD#	-		
Filing Status - Check one (mu	st match Ohio income tax	return):	Tax Type	- Check one (for	an explanation, s	ee the instruction	s)
Single, head of household or q	ualifying widow(er)		1	is return because	•	•	. ,
Married filing jointly				on page 2 of this		a must start with	Scriedule A,
Married filing separately				l income tax bas 24 on page 2 of t		t. You must start	with Schedule
School district taxable income: Tra Eal	ditional tax base: Enter o				1.		0 0
2. School district tax rate times line 1 (rates found in the inst			ructions)		2.		0 0
3. Senior citizen credit (you must be 65 or older to claim this credit; limit \$50 per return)				3.		0 0	
4. School district income tax liability (line 2 minus line 3; if less than -0-, enter -0-)			4.		0 0		
5. Interest penalty on underpayment of estimated tax. Include Ohio IT/SD 2210 and the appropriate worksheet if you annualize							0 0
6. Total school district income ta							0 0
Do not wr	ite in this area; for	<u>department</u>	use only.				
					Po	stmark date	Code



Rev. 9/16

2016 SD 100 School District Income Tax Return

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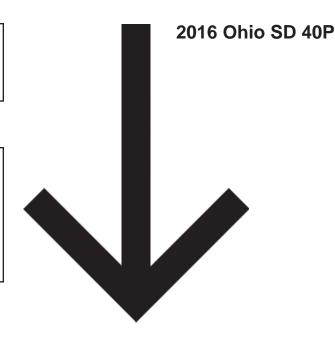
SSN SD#			
6a. Amount from line 6 on page 1		6a	0 0
School district income tax withheld (school district number 1).			
agree with the school district number on this return). Increturn	7.	0 0	
8. School district estimated and extension payments mad		0 0	
carryforward from previous year return		8.	0 0
9. Amended return only – amount previously paid with o	original/amended return	9.	
10. Total school district income tax payments (add line	s 7, 8 and 9)	10.	0 0
11. <u>Amended return only</u> – overpayment previously requ	ested on original/amended return	11.	0 0
12. Line 10 minus line 11. Place a negative sign ("-") in the bo	12.	0 0	
If line 12 is MORE THAN line 6a, go to line 16.		-	
		_	
13. Tax liability (line 6a minus line 12). If line 12 is negative to line 6a			0 0
			0 0
 Interest and penalty due on late filing or late payment of t TOTAL AMOUNT DUE (line 13 plus line 14). Include \$ 	· ·	14.	0 0
amended return) and make check payable to "Scho		▶ 15.	00
16. Overpayment (line 12 minus line 6a)		16.	0 0
17. Original return only – amount of line 16 to be credited to	ward 2017 school district income tax liability	17.	0 0
18. REFUND (line 16 minus line 17)	•		0 0
Schedule A – Traditional Tax Base School District Amo		, 10.	
Complete this schedule only if filing a traditional tax base sol			
19. Ohio income tax base reported on line 5 of Ohio IT 104	40. Place a negative sign ("-") in the box		0 0
at the right if the amount is less than -0		19.	
20. Business income deduction add-back (see instructions		20.	0 0
21. Total traditional tax base school district income (line 19 in the box at the right if the amount is less than -0		21.	0 0
22. The amount of traditional tax base school district incom	ne from line 21, if any, that you earned while		0 0
not a resident of the school district whose number you23. School district taxable income (line 21 minus line 22; if		22.	0.0
line 1 of this return	23.	0 0	
Schedule B – Earned Income Tax Base School District Amou			
Complete this schedule only if filing an earned income tax ba			0 0
24. Wages and other compensation (see instructions)25. Net earnings from self-employment to the extent include		24.	0.0
a negative sign ("-") in the box at the right if the amoun		25.	0 0
26. Depreciation expense adjustment (see instructions)		26.	0 0
27. School district taxable income (add lines 24, 25 and 26	6; if less than -0-, enter -0-). Enter here and on		0 0
line 1 of this return		27.	
Sign Here (required): I have read this return. Und	iei perialites of perjury, i declare triat, to	our refund is \$1.00 or less, no refund f you owe \$1.00 or less, no payment	
the best of my knowledge and belief, the return and all e	niciosures are true, correct and complete.	NO Payment Included – N	Mail to:
Your signature	Date (MM/DD/YY)	School District Income	Tax
	P.O. Box 182197 Columbus, OH 43218-2	197	
Spouse's signature (see instructions)	Phone number	Payment Included – Ma	ail to:
Preparer's printed name (see instructions) PTIN	Phone number	School District Income P.O. Box 182389	Tax
Do you authorize your preparer to contact us regarding	ng this return? Yes No	Columbus, OH 43218-2	2389

Electronic Payment Available

You can eliminate writing a paper check by using any of our electronic payment methods. Go to our Web site 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.



Rev. 6/16 **SD 40P** DO NOT STAPLE OR OTHERWISE ATTACH Do NOT fold check or voucher. 2016SP School District Income Tax Payment Voucher YOUR PAYMENT TO THIS VOUCHER. 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) Last name Address Your SSN Spouse's SSN City, state, ZIP code (if joint filing) Amount of If you are sending this voucher and paper check or money order (payable to School **Payment** District Income Tax) with or separately from your school district income tax return, mail to: School District Income Tax, P.O. Box 182389, Columbus, OH 43218-2389. Write

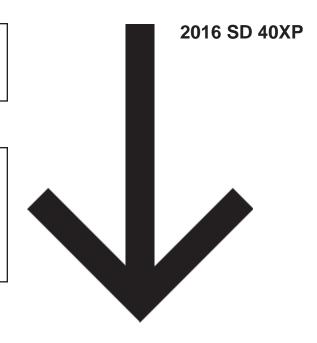
the last four digits of the taxpayer's SSN on the check or money order.

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SD 40XP Rev. 6/16 DO NOT STAPLE OR 2016SP OTHERWISE ATTACH Do NOT fold check or voucher. **Amended School District Income Tax Payment Voucher** YOUR PAYMENT TO THIS VOUCHER. Use UPPERCASE letters DO NOT SEND CASH. Idadadlarddarddaladladdardddarddd to print the first three letters of First name Last name Taxpayer's Spouse's last name School district last name (if joint filing) number Spouse's first name (only if joint filing) Your SSN Address Spouse's SSN (if joint filing) City, state, ZIP code Amount of If you are sending this voucher and paper check or money order (payable to School District **Payment** Income Tax) with or separately from your amended school district income tax return, mail to: School District Income Tax, P.O. Box 182389, Columbus, OH 43218-2389. Write the

last four digits of the taxpayer's SSN on the check or money order.





2016 SD RE - Reason and Explanation of Corrections

Note: For amended school district return only

Complete the SD 100 (checking the amended return box) and include this form with documentation to support any adjustments to 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 IT NOL, Net Operating Loss Carryback Schedule, [available at tax.ohio.gov] and check the box on the front of the 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 SD 40P amount or previous year carryforward overpayment increased Estimated and/or 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 traccopy of the federal acceptance letter or refund check.	nscript OR a copy of your federal amended income tax return with a		
Detailed explanation of adjusted items (include additional sheet(s) if	necessary):		
Dotallou Oripidilation of disjusted from (morado disduction of tool(o) in			
E-mail address	Telephone number		

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