Do not sta	ple or	paper	clip.
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Do not staple or paper clip.

	Taxation Rev. 9/17	School D			COME		etu	rn IIIIII	1702010) 2
	File a separa	ate Ohio SD 100 for					during t	he taxable yea	ar.	
Check here if this	s is an <u>amended</u> r	eturn. Include the C	Dhio SD	RE (do <u>NC</u>)T include a co	opy of the p	orevious	sly filed return).	
		Loss (NOL) carryba						If doocood	Enter each	a al diatriat #
āxpayer's SSN (requ	lirea)	If deceased	a Spo	ouse's 55IN	(if filing jointly))		If deceased		ool district # (see instruc
		check box						check box	SD# ▶▶	· 🗌 🗌
irst name			M.I.	Last name			_			
pouse's first name (c	only if married filin	g jointly)	M.I.	Last name						
ddress line 1 (numbe	er and street) or P.	O. Box								
										1
ddress line 2 (apartm	ıent number, suite	e number, etc.)								
						710		Ohia asumt	h . (Einek fas un las	H \
ity	тттт				State	ZIP code		Unio count	ty (first four let	tters)
oreign country (if the	mailing address i	s outside the U.S.)			Foreign po	ostal code				
School District F		heck applicable box	nonres	ident	Check applica Full-year resident	able box for		resident		r nonresiden
resident Enter date of nonresidency	Residency – C Part-year residen of SD# above	heck applicable bo t Full-year of SD# al	nonres bove	ident	Check applica Full-year resident Enter date of nonresiden	able box for Pa of cy	art-year SD# at	resident pove to	Full-yea of SD# a	r nonresiden above
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Postmark date Code

	Department of Taxation	2017 Ohio SD 100			
		ool District Income Tax Re	turn		
SSN		SD#		17020202	
			6a.		0 0
7. School district ir	ncome tax withheld. School d	istrict number on W-2(s), W-2G(s) and/or 1099-R(s) mus return. Include W-2(s), W-2G(s) and 1099-R(s) with the			_
-			7.		0 0
		nsion (2017 Ohio SD 40P) payments and credit	8		0 0
					0 0
9. Amended retur	<u>rn only</u> – amount previously	paid with original and/or amended return	9.		
10. Total school di	istrict income tax payments	s (add lines 7, 8 and 9)	10.		0 0
11. Amended retur	<u>rn only</u> – overpayment previ	ously requested on original and/or amended return	11.		0 0
12. Line 10 minus lir	ne 11. Place a "-" in the box at	the right if the amount is less than zero	12.		0 0
If line 1	2 is <u>MORE THAN</u> line 6a, go	to line 16. OTHERWISE, continue to line 13.	_		
• •	,	is negative, ignore the "-" and add line 12	- 13		0 0
					0 0
		ayment of tax (see instructions) Include Ohio SD 40P (if original return) or Ohio SD 40X			
		le to "School District Income Tax" AMOUNT DUE			0 0
16. Overpayment (li	ine 12 minus line 6a)		16.		0 0
17. Original return	only – amount of line 16 to be	credited toward 2018 school district income tax liability	17.		0 0
18. REFUND (line 1	6 minus line 17)		▶ 18.		0 0
		strict Amounts (see instructions)			
	dule <u>only</u> if filing a traditional ta				
		minus Ohio IT 1040, line 4). Place a "-" in the box	19.		0 0
20. Business incom	e deduction add-back (see in	nstructions)	20.		0 0
21. Total traditional	tax base school district incor	me (line 19 plus line 20). Place a "-" in the box at	21.		0 0
22. The amount from	m line 21, if any, that you ear	rned while <u>not</u> a resident of the school district whose	22		0 0
		s line 22; if less than zero, enter zero). Enter here and or			0 0

<u>Schedule B – Earned Income Tax Base School District Amounts (see instructions)</u> 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)	0	0
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	0	0
26.	Miscellaneous federal adjustments (see instructions)	0	0
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	0	0

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.	If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary.
Vour signature Date (MM/DD/YY)	NO Payment Included – Mail to:
Spouse's signature Phone number	School District Income Tax 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

Department of Taxation



Tax Year	
	٦.

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 and include Ohio Schedule IT NOL, Net Operating Loss ([available at tax.ohio.gov] and <u>check the box on the f</u> Ohio SD 100 indicating that you are amending for a N Federal adjusted gross income increased Federal adjusted gross income decreased* Change in amount of earned income (earned income filers) Filing status changed* Residency status changed 	Carryback, <u>ront of the</u> OL.) 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
Exemptions increased (traditional tax base filers)* Exemptions decreased (traditional tax base filers)	 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 transcript **OR** a copy of your federal amended income tax return with a copy of the federal acceptance letter or refund check.

Detailed explanation of adjusted items (include 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 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 School District Income Tax Payment Voucher • Do NOT staple or paper clip. • Do NOT send cash.	2017SP	Use UPPE	check or voucher.
First name M.I. Last name	School district number	Taxpayer's last name	Spouse's 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 voucher with your payment for your <u>original</u> 2017 school district income tax re Make payment payable to: School District Income Tax Mail to: School District Income Tax, P.O. Box 182389, Columbus, OH 43218-2389 	Amount of Payment		.00

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2017 Ohio SD 40XP

Include the voucher below with your payment for your <u>AMENDED</u> 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.

<u>Let on the dotted lines. Use only black ink.</u>				
OHIO SD 40XP Rev. 7/17 School District Income Tax Payment Voucher for an Amended Return	 Do <u>NOT</u> staple or paper clip. Do <u>NOT</u> send cash. 	2017SP	Use UPPE	RCASE letters
First name M.I. Last name	3	School district number	Taxpayer's last name	Spouse's last name (only if joint filing)
Spouse's first name (only if joint filing) M.I. Last name	2			
Address		Taxpayer's SSN		
City, state, ZIP code		Spouse's SSN (only if joint filing)		
Include this voucher with your payment for your <u>amended</u> 2017 school d Make payment payable to: School District Income Tax Mail to: School District Income Tax, P.O. Box 182389, Columbus, OH 432		Amount of Payment \$.00