



Scan Specifications for the 2016 SD 100

Important Note

The following document (**2016 SD 100**) contains grids for placement of information on this specific tax form. To accurately print, do not reduce the size, rotate or center this document. Doing so will jeopardize the integrity of the grid. When printing from Adobe Reader, please select "None" for "Page Scaling," which is under "Page Handling."

Ohio Department of Taxation
4485 Northland Ridge Blvd.
Columbus, OH 43229
tax.ohio.gov



Department of
Taxation

Grid layout with notations

Do not use staples. Use only black ink and UPPERCASE letters.



New! The date the return was generated by the taxpayer (MM DD YY).

2016 SD 100



16020110

88 88 88

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

Is this an amended return? Yes No

Is this a Net Operating Loss (NOL) carryback? Yes No

Placement of the 1D barcode and tax year is critical. Make sure to follow the grid positions for layout. Do not forget to get your barcode(s) assignments for every form, version and page.

Taxpayer's SSN (required)

If deceased

Spouse's SSN (if filing)

district # for

888 88 8888

X

888 88 8888

return (see instructions).

check box

check box

SD#

8888

First name

M.I. Last name

JOHNXXXXXXXXXXXX

Q PUBLI CXXXXXXXXXXXX

Spouse's first name (only if married filing jointly)

M.I. Last name

JANXXXXXXXXXXXX

Q PUBLI CXXXXXXXXXXXX

Mailing address (for faster processing, use a street address)

8888 CHERRY LANXXXXXXXXXXXXXXXXXXXX

City

State

ZIP code

Ohio county (first four letters)

CITYXXXXXXXXXXXXXXXX

OH

88888

PICK

Home address (if different from mailing address) - do NOT include city or state

8888 BERRY AVXXXXXXXXXXXX

ZIP code

Ohio county (first four letters)

88888

FRAN

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

JAPANXXXXXXXXXXXXXXXX

Foreign postal code

8888888

School District Residency - File a separate SD 100 for each taxing school district in which you lived during the taxable year.

Check applicable box

Full-year resident

Part-year resident of SD# above

Full-year nonresident of SD# above

Enter date of nonresidency

88 88 88

to

88 88 88

Check applicable box for spouse (only if married filing jointly)

Full-year resident

Part-year resident of SD# above

Full-year nonresident of SD# above

Enter date of nonresidency

88 88 88

to

88 88 88

Filing Status - Check one (must match Ohio income tax return):

Single, head of household or qualifying widow(er)

Married filing jointly

Married filing separately

Tax Type - Check one (for an explanation, see the instructions)

I am filing this return because during the taxable year (a):

Traditional tax base schedule B, line 19 on page 2 of this return.

Earned income tax base schedule B, line 24 on page 2 of this return.

New! Do not place spaces between whole dollar numbers. There is only a space between dollar amounts and cents fields.

1. School district taxable income: Traditional tax base: Enter on line 23.

Earned income tax base

For static text use Arial font (black ink) and try to match size. For data entry fields (shown in red for identification purposes only), use Arial font (black ink). All the data entry fields must follow grid layout. When a field reflects a negative amount, make sure there is no space between the amount and the negative sign. Never hard code a negative sign.

888888888 00

888888888 00

88 00

888888 00

2. School district tax rate .8888 times line 1

3. Senior citizen credit (you must be 65 or older to

4. School district income tax liability (line 2 minus

5. Interest penalty on underpayment of estimated tax

6. 2D barcode required. Delete this box with text and replace it with the 2D barcode.

888888 00

888888 00

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

Postmark date

Code

Target marks or registration marks must measure 6 mm X 6 mm. The four target marks or registration marks on every page must follow grid layout.



Department of
Taxation
Rev. 9/16

2016 SD 100 School District Income Tax Return



SSN **888 88 8888**

SD# **8888**

6a. Amount from line 6 on page 1.....	6a.		888888 00
7. School district income tax withheld (school district number on W-2(s), W-2G(s) and/or 1099-R(s) must agree with the school district number on this return). Include W-2(s), W-2G(s) and 1099-R(s) with the return.....	7.		888888 00
8. School district estimated and extension payments made (2016 SD 100ES and/or SD 40P) and credit carryforward from previous year return.....	8.		888888 00
9. Amended return only – amount previously paid with original/amended return.....	9.		888888 00
10. Total school district income tax payments (add lines 7, 8 and 9).....	10.		888888 00
11. Amended return only – overpayment previously requested on original/amended return.....	11.		888888 00
12. Line 10 minus line 11.....	12.		888888 00
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).....	13.		88888888 00
14. Interest and penalty due on late filing or late payment of tax (see instructions).....	14.		88888888 00
15. TOTAL AMOUNT DUE (line 13 plus line 14). Include SD 40P (if original return) or SD 40XP (if amended return) and make check payable to "School District Income Tax"	15.		88888888 00
16. Overpayment (line 12 minus line 6a).....	16.		88888888 00
17. Original return only – amount of line 16 to be credited toward 2017 school district income tax liability.....	17.		88888888 00
18. REFUND (line 16 minus line 17).....	18.	YOUR REFUND ▶	88888888 00

Schedule A – Traditional Tax Base School District Amounts (see instructions)

Complete this schedule only if filing a traditional tax base school district return.

19. Ohio income tax base reported on line 5 of Ohio IT 1040.....	19.		8888888888 00
20. Business income deduction add-back (see instructions).....	20.		88888888 00
21. Total traditional tax base school district income (line 19 plus line 20).....	21.		8888888888 00
22. The amount of traditional tax base school district income from line 21, if any, that you earned while not a resident of the school district whose number you entered on this return.....	22.		8888888888 00
23. School district taxable income (line 21 minus line 22; if less than -0-, enter -0-). Enter here and on line 1 of this return.....	23.		8888888888 00

Schedule B – Earned Income Tax Base School District Amounts (see instructions)

Complete this schedule only if filing an earned income tax base school district return.

24. Wages and other compensation (see instructions).....	24.		8888888888 00
25. Net earnings from self-employment to the extent included in Ohio adjusted gross income.....	25.		8888888888 00
26. Depreciation expense adjustment (see instructions).....	26.		88888888 00
27. School district taxable income (add lines 24, 25 and 26; if less than -0-, enter -0-). Enter here and on line 1 of this return.....	27.		8888888888 00

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.

▶ Your signature	Date (MM/DD/YYYY)
▶ Spouse's signature (see instructions)	Phone number
Preparer's printed name (see instructions) PTIN	Phone number
Do you authorize your preparer to contact us regarding this return? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

NO Payment Included – Mail to:
School District Income Tax
P.O. Box 182197
Columbus, OH 43218-2197

Payment Included – Mail to:
School District Income Tax
P.O. Box 182389
Columbus, OH 43218-2389



Department of
Taxation

Grid layout



Department of
Taxation
Rev. 9/16

Do not use staples. Use only black ink and UPPERCASE letters.

2016 SD 100

School District Income Tax Return



16020110

88 88 88

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

Is this an amended return? Yes No If yes, include SD RE (do not include a copy of the previously filed return)

Is this a Net Operating Loss (NOL) carryback? Yes No If yes, include Schedule IT NOL

Taxpayer's SSN (required) If deceased Spouse's SSN (if filing jointly) If deceased Enter school district # for this return (see instructions).
888 88 8888 888 88 8888 SD# 8888

First name M.I. Last name
JOHNXXXXXXXXXX Q PUBLI CXXXXXXXXXXXXXXXXX

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

Mailing address (for faster processing, use a street address)
8888 CHERRY LANXXXXXXXXXXXXXXXXXXXX

City State ZIP code Ohio county (first four letters)
CITYXXXXXXXXXXXXXXXXX OH 88888 PICK

Home address (if different from mailing address) – do NOT include city or state ZIP code Ohio county (first four letters)
8888 BERRY AVXXXXXXXXXXXX 88888 FRAN

Foreign country (if the mailing address is outside the U.S.) Foreign postal code
JAPANXXXXXXXXXXXXXXXXX 8888888

School District Residency – File a separate SD 100 for each taxing school district in which you lived during the taxable year.

Check applicable box			Check applicable box for spouse (only if married filing jointly)		
<input checked="" type="checkbox"/> Full-year resident	<input checked="" type="checkbox"/> Part-year resident of SD# above	<input checked="" type="checkbox"/> Full-year nonresident of SD# above	<input checked="" type="checkbox"/> Full-year resident	<input checked="" type="checkbox"/> Part-year resident of SD# above	<input checked="" type="checkbox"/> Full-year nonresident of SD# above
Enter date of nonresidency	88 88 88	to 88 88 88	Enter date of nonresidency	88 88 88	to 88 88 88

Filing Status – Check one (must match Ohio income tax return):

Single, head of household or qualifying widow(er)
 Married filing jointly
 Married filing separately

Tax Type – Check one (for an explanation, see the instructions)

I am filing this return because during the taxable year I lived in a(n):
 Traditional tax base school district. You must start with Schedule A, line 19 on page 2 of this return.
 Earned income tax base school district. You must start with Schedule B, line 24 on page 2 of this return.

1. School district taxable income: Traditional tax base: Enter on this line the amount you show on line 23. Earned income tax base: Enter on this line the amount you show on line 27... 1.	88888888 00
2. School district tax rate .8888 times line 1 (rates found in the instructions)..... 2.	88888888 00
3. Senior citizen credit (you must be 65 or older to claim this credit; limit \$50 per return)..... 3.	88 00
4. School district income tax liability (line 2 minus line 3; if less than -0-, enter -0-) 4.	888888 00
5. Interest penalty on underpayment of estimated tax. Include Ohio IT/SD 2210 and the appropriate worksheet if you annualize 5.	888888 00
6. Total school district income tax liability before withholding or estimated payments (line 4 plus line 5).... 6.	888888 00

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

Postmark date Code



Department of
Taxation
Rev. 9/16

2016 SD 100 School District Income Tax Return



SSN **888 88 8888**

SD# **8888**

6a. Amount from line 6 on page 1.....	6a.		888888 00
7. School district income tax withheld (school district number on W-2(s), W-2G(s) and/or 1099-R(s) must agree with the school district number on this return). Include W-2(s), W-2G(s) and 1099-R(s) with the return.....	7.		888888 00
8. School district estimated and extension payments made (2016 SD 100ES and/or SD 40P) and credit carryforward from previous year return.....	8.		888888 00
9. Amended return only – amount previously paid with original/amended return.....	9.		888888 00
10. Total school district income tax payments (add lines 7, 8 and 9).....	10.		888888 00
11. Amended return only – overpayment previously requested on original/amended return.....	11.		888888 00
12. Line 10 minus line 11.....	12.		888888 00
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).....	13.		88888888 00
14. Interest and penalty due on late filing or late payment of tax (see instructions).....	14.		88888888 00
15. TOTAL AMOUNT DUE (line 13 plus line 14). Include SD 40P (if original return) or SD 40XP (if amended return) and make check payable to "School District Income Tax"	15.		88888888 00
16. Overpayment (line 12 minus line 6a).....	16.		88888888 00
17. Original return only – amount of line 16 to be credited toward 2017 school district income tax liability.....	17.		88888888 00
18. REFUND (line 16 minus line 17).....	18.	YOUR REFUND ▶	88888888 00

Schedule A – Traditional Tax Base School District Amounts (see instructions)

Complete this schedule only if filing a traditional tax base school district return.

19. Ohio income tax base reported on line 5 of Ohio IT 1040.....	19.		8888888888 00
20. Business income deduction add-back (see instructions).....	20.		88888888 00
21. Total traditional tax base school district income (line 19 plus line 20).....	21.		8888888888 00
22. The amount of traditional tax base school district income from line 21, if any, that you earned while not a resident of the school district whose number you entered on this return.....	22.		8888888888 00
23. School district taxable income (line 21 minus line 22; if less than -0-, enter -0-). Enter here and on line 1 of this return.....	23.		8888888888 00

Schedule B – Earned Income Tax Base School District Amounts (see instructions)

Complete this schedule only if filing an earned income tax base school district return.

24. Wages and other compensation (see instructions).....	24.		8888888888 00
25. Net earnings from self-employment to the extent included in Ohio adjusted gross income.....	25.		8888888888 00
26. Depreciation expense adjustment (see instructions).....	26.		88888888 00
27. School district taxable income (add lines 24, 25 and 26; if less than -0-, enter -0-). Enter here and on line 1 of this return.....	27.		8888888888 00

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.

▶ Your signature	Date (MM/DD/YYYY)
▶ Spouse's signature (see instructions)	Phone number
Preparer's printed name (see instructions) PTIN	Phone number
Do you authorize your preparer to contact us regarding this return? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

NO Payment Included – Mail to:
School District Income Tax
P.O. Box 182197
Columbus, OH 43218-2197

Payment Included – Mail to:
School District Income Tax
P.O. Box 182389
Columbus, OH 43218-2389



Department of
Taxation

Layout without grid



Department of
Taxation
Rev. 9/16

Do not use staples. Use only black ink and UPPERCASE letters.

2016 SD 100

School District Income Tax Return



16020110

88 88 88

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

Is this an **amended** return? Yes No If yes, include SD RE (do not include a copy of the previously filed return)

Is this a **Net Operating Loss (NOL)** carryback? Yes No If yes, include Schedule IT NOL

Taxpayer's SSN (required) **888 88 8888** If deceased check box Spouse's SSN (if filing jointly) **888 88 8888** If deceased check box Enter school district # for this return (see instructions). **SD# 8888**

First name **JOHNXXXXXXXXXX** M.I. Last name **Q PUBLI CXXXXXXXXXXXXX**

Spouse's first name (only if married filing jointly) **JANXXXXXXXXXX** M.I. Last name **Q PUBLI CXXXXXXXXXXXXX**

Mailing address (for faster processing, use a street address) **8888 CHERRY LANXXXXXXXXXXXXXXXXXX**

City **CITYXXXXXXXXXXXXX** State **OH** ZIP code **88888** Ohio county (first four letters) **PICK**

Home address (if different from mailing address) – do **NOT** include city or state **8888 BERRY AVXXXXXXXXXX** ZIP code **88888** Ohio county (first four letters) **FRAN**

Foreign country (if the mailing address is outside the U.S.) **JAPANXXXXXXXXXXXXX** Foreign postal code **8888888**

School District Residency – File a separate SD 100 for each taxing school district in which you lived during the taxable year.

Check applicable box			Check applicable box for spouse (only if married filing jointly)		
<input checked="" type="checkbox"/> Full-year resident	<input checked="" type="checkbox"/> Part-year resident of SD# above	<input checked="" type="checkbox"/> Full-year nonresident of SD# above	<input checked="" type="checkbox"/> Full-year resident	<input checked="" type="checkbox"/> Part-year resident of SD# above	<input checked="" type="checkbox"/> Full-year nonresident of SD# above
Enter date of nonresidency	88 88 88	to 88 88 88	Enter date of nonresidency	88 88 88	to 88 88 88

Filing Status – Check one (must match Ohio income tax return):

- Single, head of household or qualifying widow(er)
- Married filing jointly
- Married filing separately

Tax Type – Check one (for an explanation, see the instructions)

- I am filing this return because during the taxable year I lived in a(n):
- Traditional tax base school district.** You must start with Schedule A, line 19 on page 2 of this return.
 - Earned income tax base school district.** You must start with Schedule B, line 24 on page 2 of this return.

1. School district taxable income: Traditional tax base: Enter on this line the amount you show on line 23.	88888888 00
Earned income tax base: Enter on this line the amount you show on line 27.... 1.	88888888 00
2. School district tax rate .8888 times line 1 (rates found in the instructions)..... 2.	88 00
3. Senior citizen credit (you must be 65 or older to claim this credit; limit \$50 per return)..... 3.	888888 00
4. School district income tax liability (line 2 minus line 3; if less than -0-, enter -0-) 4.	888888 00
5. Interest penalty on underpayment of estimated tax. Include Ohio IT/SD 2210 and the appropriate worksheet if you annualize 5.	888888 00
6. Total school district income tax liability before withholding or estimated payments (line 4 plus line 5).... 6.	888888 00

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

Postmark date Code



2016 SD 100 School District Income Tax Return



SSN **888 88 8888**

SD# **8888**

6a. Amount from line 6 on page 1	6a.	888888 00
7. School district income tax withheld (school district number on W-2(s), W-2G(s) and/or 1099-R(s) must agree with the school district number on this return). Include W-2(s), W-2G(s) and 1099-R(s) with the return	7.	888888 00
8. School district estimated and extension payments made (2016 SD 100ES and/or SD 40P) and credit carryforward from previous year return	8.	888888 00
9. Amended return only – amount previously paid with original/amended return.....	9.	888888 00
10. Total school district income tax payments (add lines 7, 8 and 9)	10.	888888 00
11. Amended return only – overpayment previously requested on original/amended return	11.	888888 00
12. Line 10 minus line 11	12.	888888 00

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).....	13.	88888888 00
14. Interest and penalty due on late filing or late payment of tax (see instructions).....	14.	88888888 00
15. TOTAL AMOUNT DUE (line 13 plus line 14). Include SD 40P (if original return) or SD 40XP (if amended return) and make check payable to "School District Income Tax"	15.	88888888 00
16. Overpayment (line 12 minus line 6a)	16.	88888888 00
17. Original return only – amount of line 16 to be credited toward 2017 school district income tax liability	17.	88888888 00
18. REFUND (line 16 minus line 17).....	18.	88888888 00

Schedule A – Traditional Tax Base School District Amounts (see instructions)

Complete this schedule only if filing a traditional tax base school district return.

19. Ohio income tax base reported on line 5 of Ohio IT 1040.....	19.	8888888888 00
20. Business income deduction add-back (see instructions)	20.	888888 00
21. Total traditional tax base school district income (line 19 plus line 20).....	21.	8888888888 00
22. The amount of traditional tax base school district income from line 21, if any, that you earned while not a resident of the school district whose number you entered on this return	22.	8888888888 00
23. School district taxable income (line 21 minus line 22; if less than -0-, enter -0-). Enter here and on line 1 of this return	23.	8888888888 00

Schedule B – Earned Income Tax Base School District Amounts (see instructions)

Complete this schedule only if filing an earned income tax base school district return.

24. Wages and other compensation (see instructions)	24.	8888888888 00
25. Net earnings from self-employment to the extent included in Ohio adjusted gross income.....	25.	8888888888 00
26. Depreciation expense adjustment (see instructions)	26.	888888 00
27. School district taxable income (add lines 24, 25 and 26; if less than -0-, enter -0-). Enter here and on line 1 of this return	27.	8888888888 00

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.

▶ Your signature	Date (MM/DD/YYYY)
▶ Spouse's signature (see instructions)	Phone number
Preparer's printed name (see instructions) PTIN	Phone number
Do you authorize your preparer to contact us regarding this return? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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:
School District Income Tax
P.O. Box 182197
Columbus, OH 43218-2197

Payment Included – Mail to:
School District Income Tax
P.O. Box 182389
Columbus, OH 43218-2389



Department of
Taxation

**General information
regarding this form**

General Information (2016 SD 100):

1) Dimensions:

Target or Registration Marks - 6 mm X 6 mm. Follow grid layout for positioning.

1D barcode (2 of 5 interleaved) - .375"H x 1.5"W. Follow grid layout for positioning. Center the barcode number directly under the barcode.

2D barcode (PDF 417) - See 2D instructions and schema. Follow grid layout for positioning. There is one 2D barcode for the SD 100.

2) 1D barcode - The last two numbers of the 1D barcode represent the vendor number. Use the same vendor number as you did for last year's return. If you have a question about your barcode assignment, e-mail the Forms Unit at Forms@tax.state.oh.us. The first six numbers are constant for this form (160201XX - 160202XX).

16 = tax year

02 = SD 100

01-02 = page number

XX = vendor number (assigned to you by the Ohio Dept. of Taxation, Forms Unit)

NOTE: The vendor number also serves as the first two digits of the SSN in the test scenarios.

3) Use Arial font for the static text on the form.

4) Use monospaced Arial or similar monospaced sans serif font for the variable data fields on the form.

5) Follow the grid layout for the variable data fields shown in red. Ensure that the tax year, target or registration marks, "For Department Use Only" area and the 1D and 2D barcodes follow grid layout.

6) Do not use commas, hyphens or decimals in the variable data fields except where shown in specs.

7) All monetary fields must always show "00" in the cents field even though there may not be a value for that line.

8) When a variable data field reflects a negative amount, make sure there is **no** space between the negative sign and the amount (for example: -88888888 00). The possible negative fields for this return are lines 12, 19, 21 and 25. Do not hard-code negative signs.

9) Provide guidance to customers regarding duplex printing that instructs them to print pages 1 and 2 together. Taxpayers have filed returns with pages 2 and 3 duplexed or a worksheet or software receipt on the back of a page of the return. This slows the processing of the tax return.

10) Generate the following message for customers: **"Do not enclose other documentation unless it is specified on the tax return or instructions."** Taxpayers often submit worksheets and receipts from the vendor product, which slows the processing of tax returns.

11) When the SD 100 is filed as an amended return, please include the SD RE (Reason of Explanation and Corrections), and if necessary, the IT NOL. Make sure that any barcodes on these returns represent your vendor number assignment. For example, if your last two digits of your 1D barcode are "05", make sure that these are "05" also.

12) IMPORTANT NOTE: Add this statement to your software programs. It should print out with the taxpayer's return. **"Do not hand write in any corrections on the printed paper return. Hand writing in corrections will**

result in capturing incorrect data and delaying the processing of this income tax return. Make any corrections to this income tax return within [the software program name], then print and mail.”

13) See the 2D barcode instructions for submission details.



16290101

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)

Grid for SSN input

First name

M.I. Last name

Grid for name input

Reason(s):

- Net operating loss carryback (**IMPORTANT:** Be sure to complete and include Ohio IT NOL, Net Operating Loss Carryback Worksheet, [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 (see instructions)
- Federal adjusted gross income decreased (see instructions)*
- 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 transcript **OR** a copy of your federal amended income tax return with a copy of the IRS acceptance letter or refund check.

Detailed explanation of adjusted items (include additional sheet(s) if necessary): _____

Multiple horizontal lines for detailed explanation

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.