Ohio Department of TAXATION
School District Income Tax
P.O. Box 182388
Columbus, OH 43218-2388

School District Employer's Annual Reconciliation of Tax Withheld

For Departmental Use Only

Ohio Withholding Acct. No.	FEIN	Payment Due Date 01/31/2006

2005
SD 141
Long
Rev. 12/04

Name

Number and Street

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 the space on line 3. If you have a balance due, mail one check payable to School District Income Tax for the total amount. Complete the tax liability and the total payment for each school district for which you withheld tax.

Make check payable to Ohio School District Income Tax and mail to: Ohio School District Income Tax, P.O. Box 182388, Columbus, OH 43218-2388.

I declare under penalties of perjury that this return, including any accompanying schedules and statements, has been examined by me and, to the best of my knowledge and belief, is a true, correct and complete return and report.

Signature Title Date

1. Enter the total amount of school district income tax required to be withheld for ALL active school districts during 2005. $ ___,___,___.__
2. Enter the amount of payments made for 2005 on form SD 101 for ALL active school districts. $ ___,___,___.__
3. If line 2 is LESS than line 1, subtract line 2 from line 1 and enter the balance of school district income tax due. **AMOUNT YOU OWE →** $ ___,___,___.__
4. If line 2 is GREATER than line 1, subract line 1 from line 2 and enter the overpayment of school district income tax. **YOUR REFUND →** $ ___,___,___.__

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

Name	Ohio Withholding Account No.	Payment Due Date
		01/31/2006

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