

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



Department of Taxation Rev. 9/16

2016 SD 100 School District Income Tax Return



16020102

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). SD#

First name M.I. Last name

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

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

City State ZIP code Ohio county (first four letters)

Home address (if different from mailing address) - do NOT include city or state ZIP code Ohio county (first four letters)

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

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 to

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 to

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.

Table with 6 rows for tax calculations: 1. School district taxable income (Traditional/Earned income tax base), 2. School district tax rate, 3. Senior citizen credit, 4. School district income tax liability, 5. Interest penalty on underpayment of estimated tax, 6. Total school district income tax liability before withholding or estimated payments.

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

Postmark date Code



2016 SD 100
School District Income Tax Return



16020202

SSN SD#

6a. Amount from line 6 on page 1	6a.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
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.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
8. School district estimated and extension payments made (2016 SD 100ES and/or SD 40P) and credit carryforward from previous year return	8.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
9. Amended return only – amount previously paid with original/amended return	9.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
10. Total school district income tax payments (add lines 7, 8 and 9)	10.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
11. Amended return only – overpayment previously requested on original/amended return	11.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
12. Line 10 minus line 11. Place a negative sign (“-”) in the box at the right if the amount is less than -0-.. <input type="checkbox"/>	12.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0

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). If line 12 is negative, ignore the negative sign (“-”) and add line 12 to line 6a	13.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
14. Interest and penalty due on late filing or late payment of tax (see instructions)	14.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
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.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
16. Overpayment (line 12 minus line 6a)	16.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
17. Original return only – amount of line 16 to be credited toward 2017 school district income tax liability	17.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
18. REFUND (line 16 minus line 17)	18.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0

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. Place a negative sign (“-”) in the box at the right if the amount is less than -0-	19.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
20. Business income deduction add-back (see instructions)	20.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
21. Total traditional tax base school district income (line 19 plus line 20). Place a negative sign (“-”) in the box at the right if the amount is less than -0-	21.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
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.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
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.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0

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.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
25. Net earnings from self-employment to the extent included in Ohio adjusted gross income. Place a negative sign (“-”) in the box at the right if the amount is less than -0-	25.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
26. Depreciation expense adjustment (see instructions)	26.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
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.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	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.

<input type="checkbox"/> Your signature	Date (MM/DD/YY)
<input type="checkbox"/> Spouse's signature (see instructions)	Phone number
Preparer's printed name (see instructions)	PTIN
Do you authorize your preparer to contact us regarding this return?	<input type="checkbox"/> Yes <input 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