

SD-100

Mail to:
SCHOOL DISTRICT INCOME TAX
P.O. BOX 182389
COLUMBUS, OHIO 43218-2389

2002

SCHOOL DISTRICT INCOME TAX RETURN

Social Security Number(s)
Must Be Filled In Below

Your first name	Initial	Last name	Your social security number
If a joint return, spouse's first name	Initial	Last name	Spouse's social security number
Home address (number and street)		Apt. #	Ohio county
City, town or post office, state, and zip code			

Filing Status—check only one

Single or Head of Household

Married filing joint return

Married filing separately, enter spouse SS# _____

School District Residency 1. Full-year resident
 2. Part-year resident of SD # at right (explain on back)
 3. Nonresident of SD # at right (explain on back)

Check one: Taxpayers must file a separate return for each school district affected (see list and rates in SD-100 booklet).

Enter the School District number for this return ▶ **SD #**
(see page 7 of booklet)

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ATTACH PAYMENT HERE. ATTACH W-2'S ON BACK.

1 Ohio adjusted gross income reported on line 3 of Ohio Form IT-1040 or IT-1040EZ. If you filed your Ohio income tax by telephone, see instructions on page 2.	1	<input style="width: 90%;" type="text"/>	.	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
2 Part-year/nonresident income deduction (complete reverse side)	2	<input style="width: 90%;" type="text"/>	.	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
3 School district adjusted gross income (subtract line 2 from line 1)	3	<input style="width: 90%;" type="text"/>	.	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
4 Exemptions (multiply the number of your exemptions _____ times \$1,200)	4	<input style="width: 90%;" type="text"/>	.	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
5 School district taxable income (subtract line 4 from line 3)	5	<input style="width: 90%;" type="text"/>	.	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
6 School district tax (multiply the amount on line 5 by the tax rate from SD-100 booklet: _____%)	6	<input style="width: 90%;" type="text"/>	.	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
7 Senior citizen credit (\$50 limit per return)	7	<input style="width: 90%;" type="text"/>	.	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
8 School district tax less credit (subtract line 7 from line 6)	8	<input style="width: 90%;" type="text"/>	.	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
9 School district tax withheld (attached W-2's must show and agree with SD number above)	9	<input style="width: 90%;" type="text"/>	.	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
10 SD-100ES (\$ _____), SD-40P (\$ _____), and 2000 credit carryover (\$ _____)	10	<input style="width: 90%;" type="text"/>	.	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
11 Total payments (add line 9 and line 10)	11	<input style="width: 90%;" type="text"/>	.	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
12 If line 11 is less than line 8, subtract line 11 from line 8 and enter the AMOUNT YOU OWE ▶ 12	12	<input style="width: 90%;" type="text"/>	.	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
13 If line 11 is greater than line 8, subtract line 8 from line 11 and enter your overpayment 13	13	<input style="width: 90%;" type="text"/>	.	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
14 Enter the amount of school district overpayment on line 13 you want CREDITED TO 2003 ▶ 14	14	<input style="width: 90%;" type="text"/>	.	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
15 Subtract line 14 from line 13 and enter the amount you want REFUNDED ▶ 15	15	<input style="width: 90%;" type="text"/>	.	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

Make your check payable to School District Income Tax. If the balance due is less than \$1.01, payment need not be made, and if the overpayment is less than \$1.01, no refund will be issued.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature Date

Spouse's signature (if filing jointly, both must sign, even if only one had income) Telephone number (optional)

Preparer's signature and address

FOR DEPARTMENTAL USE ONLY

9a _____ U- _____

12a _____

2002 School District Residency Status:

1. Resident of school district: Check box #1 on the front if you were a full-year resident of the school district for which you are filing this return.
2. Part-year resident of school district (from ___ / ___ / 2002 to ___ / ___ / 2002): Check box #2 on the front of this return. If you were not a full-year resident of the school district for which you are filing this return, **explain your part-year status below**. Your explanation may help avoid a delay in processing your return.
3. Nonresident of school district: Check box #3 on the front of this return. If you were not at any time in 2002 a resident of the school district for which you are filing this return, **explain your nonresident status below** and identify your resident school district. Your explanation may help avoid a delay in processing your return.