



Please do not use staples.



07020106

2007

SD 100 Rev. 10/07
School District
Income Tax Return

Taxpayer Social Security no. (required) If deceased Spouse's Social Security no. (only if joint return) If deceased
Enter school district # for this return (see pages 9-10). SD #

Use UPPERCASE letters. Your first name M.I. Last name Spouse's first name (only if joint return) 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) - please do NOT show city or state ZIP code Ohio county (first four letters)
Foreign country (please provide this information if your mailing address is outside the U.S.) Foreign postal code

Filing Status - Check one (must match Ohio income tax return)
Single or head of household or qualifying widow(er)
Married filing jointly
Married filing separately - enter spouse's SS#

Please do not use staples, tape or glue. Place your W-2(s), check and Ohio form SD 40P on top of your return. Place any other supporting documents or statements after the last page of your return.

Go paperless. It's FREE! Try I-File or Ohio eForms by visiting tax.ohio.gov.

Most electronic filers receive refunds in 5-7 business days by direct deposit!

School District Residency - Check one (file a separate Ohio form SD 100 for each taxing school district in which you reside).
Full-year resident Full-year nonresident of SD # above
Part-year resident of SD# above from ...
2007 to 2007

INCOME INFORMATION - If the amount is negative, please type a minus sign ("-") before the figure.

1. Ohio taxable income reported on line 5 of Ohio forms IT 1040 or IT 1040EZ. Note: If you are filing this return for an earned income only school district (see listings with asterisks on pages 9-10), leave this line blank and complete the worksheet on page 6 of the instructions 1. 00
2. Adjustments, if any, from Schedule A on page 2 of this form (this number will always be negative). Note: If you are filing this return for an earned income only school district (see listings with asterisks on pages 9-10), leave this line blank and complete the worksheet on page 6 of the instructions 2. 00
3. School district taxable income (line 1 minus line 2; if less than zero, enter -0-). Note: If you're filing this return for an earned income only school district (see listings with asterisks on pages 9-10), enter on this line the amount you show on line 20 on page 2 of this return 3. 00
4. School district tax rate (enter the applicable decimal rate from pages 9-10 of the instructions) 4. .
4a. Line 3 multiplied by line 4 4a. 00

NO Payment Enclosed - Mail to: School District Income Tax P.O. Box 182197 Columbus, OH 43218-2197
If you have a federal extension of time to file, please include a copy or the confirmation number of the extension.
Payment Enclosed - Mail to: School District Income Tax P.O. Box 182389 Columbus, OH 43218-2389



SS#

4b. Amount from line 4a, page 1	4b.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Senior citizen credit (\$50 limit per return). You must be 65 or older to claim this credit... 5.		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. School district tax less credit (line 4b minus line 5; if less than zero, enter -0-)..... 6.		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Interest penalty on underpayment of estimated tax. Enclose Ohio form SD 2210-100 7.		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. Total due before withholding and payments (add line 6 and line 7) 8.		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. School district tax withheld (school district number on W-2(s) must agree with SD number on page 1 in the upper right-hand corner) 9.		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. Add your estimated 2007 Ohio form SD 100ES payments (\$ _____), your 2007 Ohio form SD 40P payments (\$ _____) and your 2006 overpayment credited to 2007 (\$ _____) 10.		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
11. Total withholding and payments (add line 9 and line 10) 11.		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
12. If line 11 is greater than line 8, subtract line 8 from line 11 and enter the AMOUNT OVERPAID ▶ 12.		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
13. Enter the amount of school district overpayment on line 12 that you want CREDITED TO 2008 ▶ 13.		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
14. Subtract line 13 from line 12 and enter the amount that you want REFUNDED ▶ 14.		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
15. If line 11 is less than line 8, subtract line 11 from line 8 and enter the AMOUNT YOU OWE ▶ 15.		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If payment is enclosed, make payable to School District Income Tax and include Ohio form SD 40P (see page 7) with this return.

If your refund is less than \$1.01, no refund will be issued. If you owe less than \$1.01, no payment is necessary.

SCHEDULE A – PART-YEAR OR NONRESIDENT ADJUSTMENTS (Enclose explanation. See line 16 of the instructions.)

Do not complete this schedule if you entered an earned income only school district number at the top of page 1 of this form.

16. Enter here and on line 2 the amount of Ohio taxable income (line 1) that you earned while not a resident of the taxing school district number that you entered in the upper right-hand corner on page 1 of this return 16.

SCHEDULE B – EARNED INCOME SCHOOL DISTRICT ADJUSTMENTS (See page 6 of the instructions.)

Complete this schedule only if you entered an earned income only school district number at the top of page 1 of this form.

17. Amount from box A from the worksheet on page 6 of the instructions 17.

18. Amount from box B from the worksheet on page 6 of the instructions. If the amount is less than -0-, type a minus sign (“-”) before the figure 18.

19. Amount from box C from the worksheet on page 6 of the instructions 19.

20. Amount from box D from the worksheet on page 6 of the instructions. Also enter this amount on line 3 on page 1 of this return 20.

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.

▶ _____ Date

▶ _____ Phone number

Preparer’s name (please print) _____ Phone number _____

Do you authorize your preparer to contact us regarding this return? Yes No

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Code