

Please do not use staples.



Department of Taxation



Taxable year beginning in

2009

SD 100 School District Income Tax Return Rev. 8/09

Please use only black ink.

File a separate Ohio form SD 100 for each taxing school district in which you lived during the taxable year.

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.

check box

check box

Place Label Here

Your 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 County (first four letters)

Home address (if different from mailing address) - please do NOT show city or state ZIP code County (first four letters)

Foreign country (please provide this information if your mailing address is outside the U.S.) Foreign postal code

School District Residency - File a separate Ohio form 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 box applicable 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 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 (payable to School District Income Tax) 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!

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

Tax Type - Check one (for an explanation, see page 2 of 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 line 1 below. Earned income only tax base school district. You must start with Schedule A, line 19 on page 2 of this return.

INCOME INFORMATION - If the amount on line 1 is negative, type a negative sign ("-") before the figure.

1. Traditional tax base school district filer. Enter on this line your Ohio taxable income reported on line 5 of Ohio form IT 1040 or IT 1040EZ. Earned income only tax base school district filer. Complete Schedule A on page 2 of this return and then enter on this line the amount you show on page 2, line 22 of this return.

2. The amount of Ohio taxable income, if any, you earned while not a resident of the traditional tax base school district whose number you entered above. Earned income only school district filers must leave this line blank

3. School district taxable income (line 1 minus line 2; if less than zero, enter -0-)

1. 00

2. 00

3. 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

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SS#

SD#

4. Amount from line 3, page 1 4. 00

5. School district tax rate (enter the applicable decimal rate from pages 9-10 of the instructions).....5.

6. Line 4 multiplied by line 5..... 6. 00

7. Senior citizen credit (limit \$50 per return). You must be 65 or older to claim this credit 7. 00

8. Total due before withholding and payments (line 6 minus line 7; if less than zero, enter -0-) **TOTAL TAX** ▶ 8. 00

9. School district income tax withheld (school district number on W-2(s) must agree with SD number in the upper right-hand corner on page 1 of this return) 9. 00

10. Add your 2009 Ohio form SD 100ES payment(s) (\$ _____), your 2009 Ohio form SD 40P extension payment(s) (\$ _____) and your 2008 school district overpayment credited to 2009 (\$ _____) 10. 00

11. Add lines 9 and 10 **TOTAL PAYMENTS** ▶ 11. 00

If line 11 is MORE THAN line 8, go to line 12. If line 11 is LESS THAN line 8, skip to line 15.

12. If line 11 is more than line 8, subtract line 8 from line 11 and enter the **AMOUNT OVERPAID** ▶ 12. 00

13. Enter the amount of school district overpayment on line 12 that you want **CREDITED TO 2010** ▶ 13. 00

14. Line 12 minus line 13 **YOUR REFUND** ▶ 14. 00

15. If line 11 is less than line 8, subtract line 11 from line 8 15. 00

16. Interest penalty on underpayment of estimated tax. Enclose Ohio form IT/SD 2210 and the appropriate worksheet if you annualize 16. 00

17. Interest and penalty due on late-paid tax and/or late-filed return..... 17. 00

18. Add lines 15, 16 and 17. If payment is enclosed, make check payable to School District Income Tax and include Ohio form SD 40P (see page 7 in the instructions).... **AMOUNT YOU OWE** ▶ 18. 00

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 – "EARNED INCOME ONLY" TAX BASE SCHOOL DISTRICT AMOUNTS (See page 6 of the instructions.)

Complete this schedule only if you entered an "earned income only" tax base school district number in the upper right-hand corner on page 1 of this return.

19. Wages and other compensation described on page 6 of the instructions..... 19. 00

20. Net earnings from self-employment described on page 6 of the instructions. If the amount is less than -0-, type a negative sign (" - ") before the figure at right..... 20. 00

21. Depreciation expense adjustment, if any, described on page 6 of the instructions..... 21. 00

22. Add lines 19, 20 and 21. Enter the total here and on line 1 of this return 22. 00

SIGN HERE (required) – See page 1 of this return for mailing information.

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 _____

Spouse's signature (see page 4 in the instructions) _____ Phone number (optional) _____

Preparer's name (please print; see page 4 in the instructions) _____ Phone number _____

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

For Department Use Only

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Code