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

14090100

2014 SD 141 Long

Rev. 12/13

School District Employer's Annual Reconciliation of Tax Withheld

Ohio withholding acct. no.	FEIN	Payment due date **02/02/2015**

Go paperless! File your return through Ohio Business Gateway: tax.ohio.gov

Name
Number and street
City, state, ZIP

☐ **Amended Return**
Check box if amended return.

☐ **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.

If this return is an amended SD 141 (i) you must include on the lines below any underpayment/overpayment(s) that were on any previously filed SD 141(s) and then add any further adjustments; (ii) add to line 2 total payments made on any previously filed SD 141(s); and (iii) deduct from line 2 total refund(s) received on any previously filed SD 141(s).

DO NOT STAPLE OR OTHERWISE ATTACH YOUR CHECK OR CHECK STUB TO THIS FORM. DO NOT SEND CASH. Make check payable to **SCHOOL DISTRICT INCOME TAX** and mail to 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 2014. $ ___,___,___.__
2. Enter the amount of payments made for 2014 on Ohio 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 →** $ ___,___,___.__

If your refund is $1.00 or less, no refund will be issued.
If you owe $1.00 or less, no payment is necessary.

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

Ohio Withholding Account No.

14090200

For the Period Ending

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