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

Check here if this is an amended return. Include the Ohio SD RE (do NOT include a copy of the previously filed return).

Check here if this is a Net Operating Loss (NOL) carryback. Include Ohio Schedule IT NOL.

Taxpayer’s SSN (required)  If deceased  Spouse’s SSN (if filing jointly)  If deceased

First name M.I. Last name

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

Address line 1 (number and street) or P.O. Box

Address line 2 (apartment number, suite number, etc.)

City 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 – Check applicable box

Full-year resident  Part-year resident  Full-year nonresident

Enter date of nonresidency to

Enter school district # for this return (see instructions).

School District Income Tax Return

2018 Ohio SD 100

School District Income Tax Return

Use only black ink and UPPERCASE letters.

1. School district taxable income: **Traditional tax base:** Enter on this line the amount you show on line 23. **Earned income tax base:** Enter on this line the amount you show on line 27 ... 1.

2. School district tax rate  times line 1 (rates found in the instructions) 2.

3. Senior citizen credit (you must be 65 or older to claim this credit; limit $50 per return) 3.

4. School district income tax liability (line 2 minus line 3; if less than zero, enter zero) 4.

5. Interest penalty on underpayment of estimated tax (include Ohio IT/SD 2210) 5.

6. Total school district income tax liability before withholding or estimated payments (line 4 plus line 5) ... 6.

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

2018 Ohio SD 100 – page 1 of 2
6a. Amount from line 6 on page 1 ................................................................................................................. 6a.
7. School district income tax withheld. School district number on W-2(s) and/or 1099-R(s) must agree with the school district number on this return. Include W-2(s) and 1099-R(s) with the return .......... 7.
8. Estimated (2018 Ohio SD 100ES) and extension (2018 Ohio SD 40P) payments and credit carryforward from previous year return .................................................................................................. 8.
9. Amended return only – amount previously paid with original and/or amended return .......................... 9.
10. Total school district income tax payments (add lines 7, 8 and 9).............................................................. 10.
11. Amended return only – overpayment previously requested on original and/or amended return ...... 11.
12. Line 10 minus line 11. Place a "-" in the box at the right if the amount is less than zero ....................... 12.

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 "-" and add line 12 to line 6a. ................................................................................................................................................. 13.
14. Interest and penalty due on late filing or late payment of tax (see instructions) .................................. 14.
15. TOTAL AMOUNT DUE (line 13 plus line 14). Include Ohio SD 40P (if original return) or Ohio SD 40XP (if amended return) and make check payable to “School District Income Tax” ……AMOUNT DUE 15.
16. Overpayment (line 12 minus line 6a) ...................................................................................................... 16.
17. Original return only – amount of line 16 to be credited toward 2019 school district income tax liability 17.
18. REFUND (line 16 minus line 17) .............................................................................................................. YOUR REFUND 18.

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 (Ohio IT 1040, line 3 minus Ohio IT 1040, line 4). Place a "-" in the box at the right if the amount is less than zero ........................................................................................................ 19.
21. Total traditional tax base school district income (line 19 plus line 20). Place a "-" in the box at the right if the amount is less than zero .................................................................................................. 21.
22. The amount from line 21, if any, that you earned while not a resident of the school district whose number you entered on this return ......................................................................................... 22.
23. School district taxable income (line 21 minus line 22; if less than zero, enter zero). Enter here and on line 1 of this return ...................................................................................................................... 23.

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 earned while a resident of the school district and included in Ohio adjusted gross income ........................................................................................................ 24.
25. Net earnings from self-employment earned while a resident of the school district and included in Ohio adjusted gross income .................................................................................................. 25.
27. School district taxable income (add lines 24, 25 and 26; if less than zero, enter zero). Enter here and on line 1 of this return ................................................................................................................. 27.

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.
Your signature __________________________ Phone Number__________________
Spouse’s signature __________________________ Date (MM/DD/YY) ______________

Check here to authorize your preparer to discuss this return with Taxation.
Preparer's printed name __________________________ Preparer's TIN (PTIN) P _______ _______

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

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