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!

INCOME INFORMATION — If the amount on line 1 is negative, shade the negative sign (“–”) in the box provided.

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. 0 0

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. 0 0

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. 0 0

4. School district tax rate (enter the applicable decimal rate from pages 9-10 of the instructions). ……………………………………………………………………………………………………… 4. 0 0

4a. Line 3 multiplied by line 4 …………………………………………………………………………………………………………………………………………………………………………………………… 4a. 0 0

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
4b. Amount from line 4a, page 1 ................................................................. 4b.

5. Senior citizen credit ($50 limit per return). You must be 65 or older to claim this credit ... 5.

6. School district tax less credit (line 4b minus line 5; if less than zero, enter -0-) ............... 6.


8. Total due before withholding and payments (add line 6 and line 7) .................................. 8.

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.

10. Add your estimated 2007 Ohio form SD 100ES payments ($ ), your 2007 Ohio form SD 40P extension payments ($ ) and your 2006 overpayment credited to 2007 ($ ) ... 10.

11. Total withholding and payments (add line 9 and line 10) ............................................. 11.

12. If line 11 is greater than line 8, subtract line 8 from line 11 and enter the AMOUNT OVERPAID 12.

13. Enter the amount of school district overpayment on line 12 that you want CREDITED TO 2008 13.

14. Subtract line 13 from line 12 and enter the amount that you want REFUNDED 14. 0 0

15. If line 11 is less than line 8, subtract line 11 from line 8 and enter the AMOUNT YOU OWE 15. 0 0

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. Shade the negative sign ("\( -\)"") at right if the amount is less than -0- ........................................ 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.

For Department Use Only

Your signature Date

Spouse’s signature (see page 2 of the instructions) Phone number

Preparer's name (please print) Phone number

Do you authorize your preparer to contact us regarding this return? Yes 

No