

SD-100

Mail to:
SCHOOL DISTRICT INCOME TAX
P.O. BOX 182389
COLUMBUS, OHIO 43218-2389

2001

SCHOOL DISTRICT INCOME TAX RETURN

Social Security Number(s)
Must Be Filled In Below

Your first name Initial Last name	Your social security number
If a joint return, spouse's first name Initial Last name	Spouse's social security number
Home address (number and street) Apt. #	Ohio county
City, town or post office, state, and zip code	

Filing Status—check only one

Single or Head of Household

Married filing joint return

Married filing separately, enter spouse SS# _____

School District Residency 1. Full-year resident
 2. Part-year resident of SD # at right (explain on back)
 3. Nonresident of SD # at right (explain on back)

Check one: Taxpayers must file a separate return for each school district affected (see list and rates in SD-100 booklet).

Enter the School District number for this return ▶ **SD #**
 (see page 7 of booklet)

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ATTACH PAYMENT HERE. ATTACH W-2'S ON BACK.

1 Ohio adjusted gross income reported on line 3 of Ohio Form IT-1040 or IT-1040EZ. If you filed your Ohio income tax by telephone, see instructions on page 2.	1	<input style="width: 90%;" type="text"/>	.	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
2 Part-year/nonresident income deduction (complete reverse side)	2	<input style="width: 90%;" type="text"/>	.	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
3 School district adjusted gross income (subtract line 2 from line 1)	3	<input style="width: 90%;" type="text"/>	.	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
4 Exemptions (multiply the number of your exemptions _____ times \$1,150)	4	<input style="width: 90%;" type="text"/>	.	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
5 School district taxable income (subtract line 4 from line 3)	5	<input style="width: 90%;" type="text"/>	.	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
6 School district tax (multiply the amount on line 5 by the tax rate from SD-100 booklet: _____%)	6	<input style="width: 90%;" type="text"/>	.	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
7 Senior citizen credit (\$50 limit per return)	7	<input style="width: 90%;" type="text"/>	.	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
8 School district tax less credit (subtract line 7 from line 6)	8	<input style="width: 90%;" type="text"/>	.	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
9 School district tax withheld (attached W-2's must show and agree with SD number above)	9	<input style="width: 90%;" type="text"/>	.	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
10 SD-100ES (\$ _____), SD-40P (\$ _____), and 2000 credit carryover (\$ _____)	10	<input style="width: 90%;" type="text"/>	.	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
11 Total payments (add line 9 and line 10)	11	<input style="width: 90%;" type="text"/>	.	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
12 If line 11 is less than line 8, subtract line 11 from line 8 and enter the AMOUNT YOU OWE ▶ 12	12	<input style="width: 90%;" type="text"/>	.	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
13 If line 11 is greater than line 8, subtract line 8 from line 11 and enter your overpayment 13	13	<input style="width: 90%;" type="text"/>	.	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
14 Enter the amount of school district overpayment on line 13 you want CREDITED TO 2002 ▶ 14	14	<input style="width: 90%;" type="text"/>	.	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
15 Subtract line 14 from line 13 and enter the amount you want REFUNDED ▶ 15	15	<input style="width: 90%;" type="text"/>	.	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

Make your check payable to School District Income Tax. If the balance due is less than \$1.01, payment need not be made, and if the overpayment is less than \$1.01, no refund will be issued.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Your signature Date

Spouse's signature (if filing jointly, both must sign, even if only one had income) Telephone number (optional)

Preparer's signature and address

FOR DEPARTMENTAL USE ONLY

9a _____ U- _____

12a _____

2001 SCHOOL DISTRICT INCOME TAX INSTRUCTIONS

If during 2001 you resided in or had school district income tax withheld for more than one of the school districts listed in the back of the SD-100 booklet, you must complete separate returns for those school districts affected.

- Line 1 Ohio adjusted gross income—
➤ If you filed your Ohio income tax return using a paper return, enter the amount from line 3 of your Ohio Form IT-1040 or IT-1040EZ.
➤ If you filed your Ohio income tax return by **telephone** and filed your federal taxes using either federal Form 1040A, 1040EZ or by telephone, enter the amount from line 3 of your Ohio TeleFile worksheet.
➤ If you filed your Ohio income tax return by **telephone** and filed your federal taxes using the federal long Form 1040, enter amount from line 3 of your Ohio TeleFile worksheet less any amount on line 4 of the Ohio TeleFile worksheet.
- Line 2 Part-year or nonresident deduction—enter the amount of income included on line 1 that was earned while **not** a resident of the school district for which you are filing this return.
- Line 3 School district adjusted gross income—subtract line 2 from line 1 and enter the result on line 3.
- Line 4 Exemptions—enter the number of personal and dependent exemptions that you reported on your 2001 IT-1040, IT-1040EZ or Ohio TeleFile return in the space provided on line 4 and multiply this number by \$1,150.
- Line 5 School district taxable income—subtract line 4 from line 3 and enter the result on line 5.
- Line 6 School district tax—multiply line 5 (school district taxable income) by the appropriate tax rate for your district shown in the SD-100 booklet, and enter the result on line 6.
- Line 7 Senior citizen credit—you may claim a \$50 credit if you were 65 years of age or older prior to January 1, 2002. Only one credit of \$50 is allowed for each return even if you are filing a joint return and you and your spouse are both 65 years of age or older.
- Line 8 School district tax less credit—subtract line 7 from line 6 and enter the result on line 8.
- Line 9 School district income tax withheld—enter **only** the SCHOOL DISTRICT WITHHOLDING TAX that is clearly identified on your W-2's with the school district number for the school district for which you are filing this return. Attach a copy of your W-2's to the back of your return.
- Line 10 Estimated payments/credit carryover—if you made estimated school district income tax payments and/or an SD-40P extension payment, enter the total amount on line 10. Also include any credit carryover from your 2000 SD-100 return.
- Line 11 Total payments—add line 9 and line 10 and enter the total on line 11.
- Line 12 **AMOUNT YOU OWE**—if line 11 is less than line 8, subtract line 11 from line 8 and enter your balance due amount on line 12. **Make your check or money order payable to SCHOOL DISTRICT INCOME TAX, and write your social security number, school district number, and "2001 SD-100" on your check or money order.**
- Line 13 Overpayment—if line 11 is more than line 8, subtract line 8 from line 11 and enter the result on line 13. You must also complete line 14 and/or line 15.
- Line 14 CREDIT TO 2002—indicate the amount of line 13 you want us to credit to your 2002 school district liability. **You cannot apply a credit against a balance due for another school district, another person's tax, prior year's tax, or your Ohio income tax return.**
- Line 15 **REFUND**—subtract line 14 from line 13. This is the amount of line 13 you want us to refund to you. **You cannot apply a refund against a balance due for another school district, another person's tax, prior year's tax, or your Ohio income tax return.**

2001 School District Residency Status:

1. Resident of school district: Check box #1 on the front if you were a full-year resident of the school district for which you are filing this return.
2. Part-year resident of school district (from ___/___/2001 to ___/___/2001): Check box #2 on the front of this return. If you were not a full-year resident of the school district for which you are filing this return, **explain your part-year status below**. Your explanation may help avoid a delay in processing your return.
3. Nonresident of school district: Check box #3 on the front of this return. If you were not at any time in 2001 a resident of the school district for which you are filing this return, **explain your nonresident status below** and identify your resident school district. Your explanation may help avoid a delay in processing your return.