

SD 100

2004

SCHOOL DISTRICT INCOME TAX RETURN

Social Security Number(s) Must Be Filled In Below

PLEASE CLIP YOUR CHECK OR MONEY ORDER HERE.

Your first name Initial Last name	Your social security number	Filing Status – check only one <input type="checkbox"/> Single or head of household <input type="checkbox"/> Married filing joint return <input type="checkbox"/> Married filing separately, enter spouse's SS# <input type="text"/>
If a joint return, spouse's first name Initial Last name <i>PLACE LABEL HERE</i>	Spouse's social security number	
Home address (number and street) <i>OR PRINT/TYPE INFORMATION</i> Apt. #	Ohio county	
City, town or post office, state and ZIP code		

School District Residency 1. Full-year resident
 Check one: Taxpayers must file a separate return for each school district affected (see list and rates in SD 100 booklet). 2. Part-year resident of SD # at right (explain on back)
 3. Nonresident of SD # at right (explain on back)

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

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 type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> <input type="text"/>
2	Part-year/nonresident income deduction (complete reverse side)	2	<input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> <input type="text"/>
3	School district adjusted gross income (subtract line 2 from line 1)	3	<input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> <input type="text"/>
4	Exemptions (multiply the number of your exemptions _____ times \$1,300)	4	<input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> <input type="text"/>
5	School district taxable income (subtract line 4 from line 3)	5	<input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> <input type="text"/>
6	School district tax (multiply the amount on line 5 by the decimal rate on page 7: _____)	6	<input type="text"/> <input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> <input type="text"/>
7	Senior citizen credit (\$50 limit per return)	7	<input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> <input type="text"/>
8	School district tax less credit (subtract line 7 from line 6)	8	<input type="text"/> <input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> <input type="text"/>
9	School district tax withheld (attached W-2's must show and agree with SD number above)	9	<input type="text"/> <input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> <input type="text"/>
10	SD 100ES (\$) _____, SD 40P (\$) _____, and 2003 credit carryover (\$) _____	10	<input type="text"/> <input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> <input type="text"/>
11	Total payments (add lines 9 and 10)	11	<input type="text"/> <input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> <input type="text"/>
12	If line 11 is less than line 8, subtract line 11 from line 8 and enter the AMOUNT YOU OWE ▶ 12 Check here <input type="checkbox"/> if you have paid or will pay with a credit card	12	<input type="text"/> <input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> <input type="text"/>
13	If line 11 is greater than line 8, subtract line 8 from line 11 and enter your overpayment 13	13	<input type="text"/> <input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> <input type="text"/>
14	Enter the amount of school district overpayment on line 13 you want CREDITED TO 2005 ▶ 14	14	<input type="text"/> <input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> <input type="text"/>
15	Subtract line 14 from line 13 and enter the amount you want REFUNDED ▶ 15	15	<input type="text"/> <input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> <input type="text"/>

ATTACH W-2'S ON BACK.

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
Mail to: School District Income Tax P.O. Box 182389 Columbus, OH 43218-2389		

2004 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 ___ / ___ / 2004 to ___ / ___ / 2004): 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 2004 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.