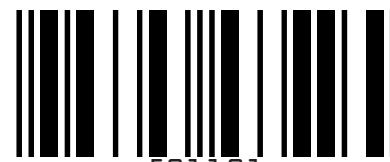


501101

SD 100 2005

School District Income Tax Return



Please do not attach to this return any payment or form SD 40P (see page 7).

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

Social security number(s) must be filled in above.

Enter the school district number for this return (see pages 9-10) **SD #**

- 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 on pages 9-10).

If you are enclosing a check or money order, you must complete and enclose form SD 40P (see page 7).

Staple W-2s 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 return by telephone, see instructions on page 3.	1	<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"/>
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"/>
4	Exemptions (multiply the number of your exemptions _____ times \$1,350)	4	<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"/>
6	School district tax (multiply the amount on line 5 by the decimal rate on pages 9-10: _____)	6	<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"/>
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"/>
9	School district tax withheld (enclosed W-2s must show and agree with SD number above)	9	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input type="text"/>
10	SD 100ES (\$ _____), SD 40P (\$ _____) and 2004 credit carryover (\$ _____)	10	<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"/>
12	If line 11 is less than line 8, subtract line 11 from line 8 and enter the AMOUNT YOU OWE <input type="checkbox"/> if you have paid or will pay with a credit card (see page 7)	12	<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	<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 2006	14	<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	<input type="text"/>	,	<input type="text"/>	,	<input type="text"/>	.	<input type="text"/>	<input 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 _____

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

