Control Department of TAXATION Please do not use staples.	2006 School District Income Tax Return				
Your Social Security number (required) Spouse's Soci	Al Security number (only if joint return) Check if deceased				
Please use only UPPERCA Your first name M.I.	SE letters. Last name				
Spouse's first name (only if joint return) M.I.	Last name				
Home address (number and street)					
City	State ZIP code Ohio county (first four letters)				
Foreign country					
In care of/executor's name (must indicate if refund will be issued in decedent's name)					
Filing Status - Check only one (came as reported on federal income tay rate					
Filing Status       Check only one (same as reported on federal income tax return)         Single or head of household or qualifying widow(er)       Married filing jointly         Married filing separately – enter spouse's SS#       Married filing					
School District Residency       – You must file a separate form SD 100 for each school district in which you reside.         Full-year resident       Nonresident of SD # above					
Part-year resident of SD # above from If you are enclosing a check or money order, you must comple and enclose form SD 40P (see page 7).					
2 0 0 6 to 2 0 0 6					
INCOME INFORMATION – If amount is negative or a loss, please shade the negative sign ("–") in the box provided.					
2. Adjustments, if any, from Schedule A or B on page 2 of this form. If the amount on line 2 comes from line 18 or 21, shade the negative sign "–" in the box provided					
3. School district adjusted gross income (line 2 added to line 1 unless you have shaded the negative sign "-" in the box provided, in which case subtract line 2 from line 1; cannot be less than -0-)					
4. Exemptions (multiply the number of your exemptions times \$1,400). <b>Note:</b> If you entered school district number 6501 on the top of this form, you must enter -0- on line 44.					
5. School district taxable income (line 3 minus line 4; cannot be less than -0-)					
SIGN HERE (required)       Continue to SD 100 - pg. 2         I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all appleourne are true correct and complete.       For Departmental Use Only					
Your signature     Date       Spouse's signature (if filing jointly, BOTH must sign)     Phone number					
	one number Code				

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

Ģ	Ohio Department of TAXATION
	Please do not use staples.



## School District Income Tax Return

So	ocial Security number (required)		
6	. School district tax (multiply the amount on line 5 by the decimal rate  on pages 9-10) 6.	0 0	
	. Senior citizen credit (\$50 limit per return)	0 0	
	. School district tax less credit (line 6 minus line 7 – cannot be less than -0-)	0 0	
	. Interest penalty on underpayment of estimated tax. Enclose form SD 2210-100	0 0	
		0 0	
	. Total due before withholding and payments (add line 8 and line 9)	0 0	
	. School district tax withheld (enclosed W-2s must show and agree with SD number on page 1) 11.		
	. Add your estimated 2006 SD 100ES (\$ ), your 2006 SD 40P extension payments (\$ ) and your 2005 overpayment credited to 2006 (\$ )	00	
13.	. Total payments (add line 11 and line 12)	0 0	
14.	14. If line 13 is less than line 10, subtract line 13 from line 10 and enter the AMOUNT YOU OWE 14.		
	Check here if you have paid or will pay with an electronic check or a credit card (see page 7).		
	Check here and enclose form SD 40P (see page 7) with the return if you are enclosing a paper check or money order (make payable to School District Income Tax).		
15.	. If line 13 is greater than line 10, subtract line 10 from line 13 and enter AMOUNT OVERPAID 15.	00	
16.	. Enter the amount of school district overpayment on line 15 that you want CREDITED TO 2007 16.	00	
17.	. Subtract line 16 from line 15 and enter the amount that you want <b>REFUNDED</b>	00	
SC	CHEDULE A – PART-YEAR OR NONRESIDENT ADJUSTMENTS		
<ul> <li>Note: Do not complete this schedule if you entered school district number 6501 on the front of this form.</li> <li>18. Enter on line 18 the amount of Ohio adjusted gross income, line 1, that was earned while <u>not</u> a resident of the taxing district whose number you entered on page 1 of this return. Be sure you reduce this amount by the related deductions (see instructions on page 3). Enter on line 2 the amount you show on line 18 18.</li> </ul>			
SC	CHEDULE B – CIRCLEVILLE CITY SCHOOL DISTRICT (6501) ADJUSTMENTS		
Complete this schedule only if you entered school district number 6501 on page 1 of this form.			
19.	. Enter the amount shown on line 1 on page 1 of this return. If you shaded in the negative in the box on line 1, please shade in the negative sign in the box on this line, too	00	
20.	<ul> <li>Enter on line 20 the qualifying income you earned while a resident of the Circleville City School District. "Qualifying income you earned" means wages, tips and other employee compensation as shown on your W-2 (on line 7 of your IRS form 1040, on line 7 of your IRS form 1040A or on line 1 of your IRS form 1040EZ), and net earnings from self-employment that you reported on IRS Schedule SE, Section A, line 4 or on Section B, line 6 (Schedule SE is an attachment to IRS form 1040)</li></ul>	00	
	If no, please answer the following: Is the amount shown on line 19 more than the amount shown on line 20?		
	Yes. 🔲 If yes, go to line 21 of this schedule and leave line 22 blank.		
	No. If no, skip line 21 and go to line 22 of this schedule.		
21.	. If the amount on line 19 is more than the amount on line 20, subtract the amount on line 20 from the amount on line 19. Enter the difference here. If you show an amount on line 21, place the same amount on line 2 on the front page of this return. <b>IMPORTANT:</b> If you show an amount on this line, shade the negative sign "–" in the box provided on line 2 on the front page of this return	0 0	
22.	. If the amount on line 19 is not more than the amount on line 20, subtract the amount on line 19 from the amount on line 20. Enter the difference here. Otherwise, leave this line		
	blank. If you show an amount on line 22, place the same amount on line 2 on the front page of this return. 22.	0 0	
	SD 100 – pg. 2 of 2		