



2015 Universal SD 100 School District Income Tax Return



15020202

SSN SD#

6a. Amount from line 6 on page 1	6a.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
7. School district income tax withheld (school district number on W-2(s), W-2G(s) and/or 1099-R(s) must agree with the school district number on this 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"/>	0	0
8. School district estimated and extension payments made (2015 SD 100ES and/or SD 40P) and credit carryforward from previous year return	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"/>	0	0
9. Amended return only – amount previously paid with original/amended return	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"/>	0	0
10. Total school district income tax payments (add lines 7, 8 and 9)	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"/>	0	0
11. Amended return only – overpayment previously received on original/amended return	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"/>	0	0
12. Line 10 minus line 11	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"/>	0	0

If line 12 is MORE THAN line 6a, go to line 16. OTHERWISE, continue to line 13.

13. Tax liability (line 6a minus line 12)	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"/>	0	0
14. Interest and penalty due on late filing or late payment of tax (see instructions)	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"/>	0	0
15. TOTAL AMOUNT DUE (line 13 plus line 14). Enclose SD 40P (if original return) or SD 40XP (if amended return) and make check payable to "School District Income Tax"	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"/>	0	0
16. Overpayment (line 12 minus line 6a)	16.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
17. Original return only – amount of line 16 to be credited toward 2016 school district income tax liability	17.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
18. YOUR REFUND (line 16 minus line 17)	18.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0

Schedule A – Traditional Tax Base School District Amounts (see instructions)

Complete this schedule **only** if filing a traditional tax base school district return.

19. Ohio income tax base reported on line 5 of Ohio IT 1040. Place a negative sign ("-") in the box at the right if the amount is less than -0-	<input type="checkbox"/>	19.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
20. Business income deduction add-back (see instructions)	<input type="checkbox"/>	20.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
21. Total traditional tax base school district income (line 19 plus line 20)	<input type="checkbox"/>	21.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
22. The amount of traditional tax base school district income from line 21, if any, that you earned while not a resident of the school district whose number you entered on this return	<input type="checkbox"/>	22.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
23. School district taxable income (line 21 minus line 22; if less than -0-, enter -0-). Enter here and on line 1 of this return	<input type="checkbox"/>	23.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0

Schedule B – Earned Income Tax Base School District Amounts (see instructions)

Complete this schedule **only** if filing an earned income tax base school district return.

24. Wages and other compensation (see instructions)	<input type="checkbox"/>	24.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
25. Net earnings from self-employment (see instructions). Place a negative sign ("-") in the box at the right if the amount is less than -0-	<input type="checkbox"/>	25.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
26. Depreciation expense adjustment (see instructions)	<input type="checkbox"/>	26.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0
27. School district taxable income (add lines 24, 25 and 26; if less than -0-, enter -0-). Enter here and on line 1 of this return	<input type="checkbox"/>	27.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	0

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.

Your signature _____ Date (MM/DD/YYYY) _____
 Spouse's signature (see instructions) _____ Phone number _____
 Preparer's printed name (see instructions) PTIN _____ Phone number _____
 Do you authorize your preparer to contact us regarding this return? Yes No

**If your refund is \$1.00 or less, no refund will be issued.
If you owe \$1.00 or less, no payment is necessary.**

NO Payment Enclosed – Mail to:
 School District Income Tax
 P.O. Box 182197
 Columbus, OH 43218-2197
Payment Enclosed – Mail to:
 School District Income Tax
 P.O. Box 182389
 Columbus, OH 43218-2389

Mail this voucher and paper check or money order (payable to School District Income Tax) with your amended school district income tax return to Ohio Department of Taxation, P.O. Box 182389, Columbus, OH 43218-2389. Write the last four digits of the taxpayer's Social Security number on the check or money order.

AMOUNT OF PAYMENT

00

City, state, ZIP code
Address
Spouse's first name (only if joint filing) M.I. Last name
First name M.I. Last name

Spouse's Social Security number (only if joint filing)

Your Social Security number

School district number

Taxpayer's last name

Spouse's last name (only if joint filing)

Please use UPPERCASE letters to print the first three letters of

2015SP

Amended School District Income Tax Payment Voucher

Do NOT fold check or voucher.

DO NOT STAPLE YOUR PAYMENT TO THIS VOUCHER. DO NOT SEND CASH.

SD 40XP

Use the SD 40XP payment voucher if you are submitting a payment for an amended SD 100 income tax return.

Use the SD 40P payment voucher if you are submitting a payment for an original SD 100 income tax return.

Use the SD 40P payment voucher if you are submitting a payment for an original SD 100 income tax return.

Use the SD 40XP payment voucher if you are submitting a payment for an amended SD 100 income tax return.

Do NOT fold check or voucher.

2015SP

SD 40P

School District Income Tax Payment Voucher

DO NOT STAPLE YOUR PAYMENT TO THIS VOUCHER. DO NOT SEND CASH.



First name M.I. Last name
Spouse's first name (only if joint filing) M.I. Last name
Address
City, state, ZIP code

Please use UPPERCASE letters to print the first three letters of

School district number

Taxpayer's last name

Spouse's last name (only if joint filing)

Your Social Security number

[Social Security Number Grid]

Spouse's Social Security number (only if joint filing)

[Spouse's Social Security Number Grid]

AMOUNT OF PAYMENT



00

If you are sending this voucher and paper check or money order (payable to School District Income Tax) with or separately from your school district income tax return, mail to: School District Income Tax, P.O. Box 182389, Columbus, OH 43218-2389. Write the last four digits of the taxpayer's Social Security number on the check or money order.



15290102

2015 SD RE – Reason and Explanation of Corrections

Note: For amended school district return only

Please complete the Universal SD 100 (checking the amended return box) and attach this form with documentation to support any adjustments to line items on the return.

Taxpayer Social Security no. (required)

Grid for Social Security number

First name

M.I. Last name

Grid for name and middle initial

Reason(s):

- Reasons for corrections: Net operating loss carryback, Federal adjusted gross income changes, Filing status, Residency status, Exemptions, Ohio IT 1040 adjustments, Senior citizen credit, Interest penalty, School district withholding, SD 40P overpayment.

Detailed explanation of adjusted items (attach additional sheet(s) if necessary):

Blank lines for detailed explanation

E-mail address (optional) Telephone number (optional)

Federal Privacy Act Notice: Because we require you to provide us with a Social Security number, the Federal Privacy Act of 1974 requires us to inform you that providing us with your Social Security number is mandatory.