Note: For taxable year 2015 and forward, the	is form encompasses the SD 100 and amended SD 100X.
Are you filing this as an <u>amended</u> return? Yes No If yes	s, attach SD RE, 2015 Reason and Explanation of Corrections
	If yes, attach Schedule IT NOL
Faxpayer Social Security no. (required) <b>If deceased</b> Spou	use's Social Security no. (if filing jointly) If deceased Enter school district # for this return (see instruction
check box	check box <b>SD# </b> ▶▶
First name M.I. L	_ast name
Spouse's first name (only if married filing jointly) M.I. L	_ast name
Aailing address (for faster processing, use a street address)	
~i⊷.	State ZIP code Ohio county (first four letters)
City	State ZIP code Ohio county (first four letters)
Home address (if different from mailing address) – do <b>NOT</b> show cit	ty or state ZIP code Ohio county (first four letters)
Foreign country (if the mailing address is outside the U.S.)	Foreign postal code
Foreign country (if the mailing address is outside the U.S.)	Foreign postal code
School District Residency – File a separate SD 100 for each	
Foreign country (if the mailing address is outside the U.S.)         School District Residency         — File a separate SD 100 for each         Check applicable box         Full-year         Part-year resident         of SD# above	th taxing school district in which you lived during the taxable year. Check applicable box for spouse (only if married filing jointly) dent Full-year Part-year resident Full-year nonresident
School District Residency       – File a separate SD 100 for each         Check applicable box       Full-year         Full-year       Part-year resident         resident       of SD# above         Enter date       Full-year	th taxing school district in which you lived during the taxable year. Check applicable box for spouse (only if married filing jointly) dent Full-year Part-year resident Full-year nonresident
School District Residency       – File a separate SD 100 for each         Check applicable box       Full-year         Full-year       Part-year resident         resident       of SD# above         Enter date       to         of nonresidency       to	th taxing school district in which you lived during the taxable year. Check applicable box for spouse (only if married filing jointly) dent Full-year Part-year resident resident of SD# above of SD# above Enter date of nonresidency to
School District Residency       – File a separate SD 100 for each         Check applicable box       Full-year         Full-year       Part-year resident         resident       of SD# above         Enter date       to         of nonresidency       to	th taxing school district in which you lived during the taxable year.         Check applicable box for spouse (only if married filing jointly)         dent       Full-year         Part-year resident       of SD# above         Image: School district in which you lived during the taxable year.         Check applicable box for spouse (only if married filing jointly)         dent       Full-year         Part-year resident       of SD# above         Image: School district in which you lived during the taxable year.         Tax Type       Check one (for an explanation, see the instructions)         I am filing this return because during the taxable year I lived in a(n):
School District Residency       – File a separate SD 100 for each         Check applicable box       Full-year         Full-year       Part-year resident         of SD# above       of SD# above         Enter date       to         of nonresidency       – Check one (must match Ohio income tax return)	th taxing school district in which you lived during the taxable year.         Check applicable box for spouse (only if married filing jointly)         dent       Full-year         Part-year resident       Full-year nonresident         of SD# above       of SD# above         Enter date       of nonresidency         of nonresidency       to         ):       Tax Type – Check one (for an explanation, see the instructions)
School District Residency       – File a separate SD 100 for each         Check applicable box       Full-year         Full-year       Part-year resident         of SD# above       of SD# above         Enter date       to         of nonresidency       Check one (must match Ohio income tax return)         Single, head of household or qualifying widow(er)	th taxing school district in which you lived during the taxable year.         Check applicable box for spouse (only if married filing jointly)         dent       Full-year         Full-year       Part-year resident         of SD# above       of SD# above         Enter date       of nonresidency         of nonresidency       Check one (for an explanation, see the instructions)         I am filing this return because during the taxable year I lived in a(n):         Traditional tax base school district. You must start with Schedule A,
School District Residency       – File a separate SD 100 for each         Check applicable box       Full-year         Full-year       Part-year resident         of SD# above       of SD# above         Enter date       of SD# above         of nonresidency       – Check one (must match Ohio income tax return)         Single, head of household or qualifying widow(er)         Married filing jointly         Married filing separately         . School district taxable income: Traditional tax base: Enter on this lir	th taxing school district in which you lived during the taxable year.         Check applicable box for spouse (only if married filing jointly)         dent       Full-year         Full-year       Part-year resident         of SD# above       of SD# above         Enter date       of nonresidency         of nonresidency       to         .):       Tax Type – Check one (for an explanation, see the instructions)         I am filing this return because during the taxable year I lived in a(n):         Traditional tax base school district. You must start with Schedule A, line 19 on page 2 of this return.         Earned income tax base school district. You must start with Schedul B, line 24 on page 2 of this return.         ne the amount you show on line 23.
School District Residency       – File a separate SD 100 for each         Check applicable box       Full-year         Full-year       Part-year resident         of SD# above       of SD# above         inter date       of SD# above         of nonresidency       - Check one (must match Ohio income tax return)         Single, head of household or qualifying widow(er)         Married filing jointly         Married filing separately         . School district taxable income: Traditional tax base: Enter on this lir	th taxing school district in which you lived during the taxable year.         Check applicable box for spouse (only if married filing jointly)         dent       Full-year         Full-year       Part-year resident         of SD# above       of SD# above         Enter date       of nonresidency         of nonresidency       to         ):       Tax Type         Tax Type       Check one (for an explanation, see the instructions)         I am filing this return because during the taxable year I lived in a(n):         Traditional tax base school district. You must start with Schedule A, line 19 on page 2 of this return.         Earned income tax base school district. You must start with Schedul B, line 24 on page 2 of this return.
School District Residency       – File a separate SD 100 for each         Check applicable box       Full-year of SD# above         Full-year       Part-year resident of SD# above         Inter date       Full-year         f nonresidency       Check one (must match Ohio income tax return)         Single, head of household or qualifying widow(er)         Married filing jointly         Married filing separately         School district taxable income: Traditional tax base: Enter on this lir         Earned income tax base: Enter on the lir         School district tax rate	th taxing school district in which you lived during the taxable year.   Check applicable box for spouse (only if married filing jointly)   dent   Full-year   resident   of SD# above   Enter date   of nonresidency   to      (b):   Tax Type   - Check one (for an explanation, see the instructions)   I am filing this return because during the taxable year I lived in a(n):   Traditional tax base school district. You must start with Schedule A, line 19 on page 2 of this return.   Earned income tax base school district. You must start with Schedul B, line 24 on page 2 of this return.   n the instructions)
School District Residency       – File a separate SD 100 for each check applicable box         Full-year       Part-year resident of SD# above         resident       of SD# above         inter date f nonresidency       to         f nonresidency       To         Single, head of household or qualifying widow(er)         Married filing jointly         Married filing separately         School district taxable income: Traditional tax base: Enter on this lir         Earned income tax base: Enter on this lir         School district tax rate         School district tax rate	th taxing school district in which you lived during the taxable year.         Check applicable box for spouse (only if married filing jointly)         dent       Full-year         Full-year       Part-year resident         of SD# above       Full-year nonresident         of nonresidency       of SD# above         to       Image: School district.         to       Image: School district. <tr< td=""></tr<>
School District Residency       – File a separate SD 100 for each         Check applicable box       Full-year         Full-year       Part-year resident         of SD# above       of SD# above         Enter date       of SD# above         of nonresidency       - Check one (must match Ohio income tax return)         Single, head of household or qualifying widow(er)         Married filing jointly         Married filing separately         . School district taxable income: Traditional tax base: Enter on this lir	th taxing school district in which you lived during the taxable year.         Check applicable box for spouse (only if married filing jointly)         dent       Full-year         Part-year resident       Full-year nonresident         of SD# above       of SD# above         Enter date       of nonresidency         of nonresidency       to         ):       Tax Type – Check one (for an explanation, see the instructions)         I am filing this return because during the taxable year I lived in a(n):         Traditional tax base school district. You must start with Schedule A, line 19 on page 2 of this return.         Earned income tax base school district. You must start with Schedul B, line 24 on page 2 of this return.         ne the amount you show on line 23.         this line the amount you show on line 27 1.         on the instructions)

Do not write in this area; for department use only.



<b>⊖hio</b>	Department of Taxation
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## 2015 Universal SD 100 School District Income Tax Return

SSN SD#	
<ul> <li>6a. Amount from line 6 on page 1</li> <li>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)</li> <li>8. School district estimated and extension payments made (2015 SD 100ES and/or SD 40P) and cred</li> </ul>	st 7.
<ul> <li>9. <u>Amended return only</u> – amount previously paid with original/amended return</li> </ul>	8.
10. Total school district income tax payments (add lines 7, 8 and 9)	10.
11. <u>Amended return only</u> – overpayment previously received on original/amended return	11.
12. Line 10 minus line 11	12. —
If line 12 is MORE THAN line 6a, go to line 16. OTHERWISE, continue to line 13.	



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13. Tax liability (line 6a minus line 12)	13.	0 0
14. Interest and penalty due on late filing or late payment of tax (see instructions)		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.	0 0
16. Overpayment (line 12 minus line 6a)	16.	0 0
17. Original return only - amount of line 16 to be credited toward 2016 school district income tax liability	17.	0 0
18. YOUR REFUND (line 16 minus line 17)	18.	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-	19.	0 0
20. Dusing a income deduction add healt (ass is structions)	00	0 0
20. Business income deduction add-back (see instructions)		
21. Total traditional tax base school district income (line 19 plus line 20)	21.	0 0
22. The amount of traditional tax base school district income from line 21, if any, that you earned while <u>not</u> a resident of the school district whose number you entered on this return		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	23.	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)		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-	25.	0 0

Sign Here (required): I have read this return. Under penalties of perj the best of my knowledge and belief, the return and all enclosures are true.	If your refund is \$1.00 or less, no refund will be issue If you owe \$1.00 or less, no payment is necessary.		
Your signature Date (MM/DD/YYYY)		NO Payment Enclosed – Mail to: School District Income Tax P.O. Box 182197	
Spouse's signature (see instructions)	hone number	Columbus, OH 43218-2197 Payment Enclosed – Mail to:	
Preparer's printed name (see instructions)         PTIN         P           Do you authorize your preparer to contact us regarding this return?         Image: Content of the second seco	Phone number Yes No	School District Income Tax P.O. Box 182389 Columbus, OH 43218-2389	

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

**SD 40P** 

Do NOT fold check or voucher.

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

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

the **X04 DZ** administration of the second second

for an <b>amended</b> SD 100 income tax return.

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.	D TNUOMA NAMYA9	\$ 🗭		00
City, state, ZIP code		Spouse's Social Security number (only if joint filing)		
Address		Your Social Security number		
Spouse's first name (only if joint filing) . Last name		IDEL	amen teel	(only if joint filing)
First name Last name		district	Taxpayer's ▼	Spouse's last name Spouse's last name
	L07	4SP		e UPPERCASE letters
Вр 40ХР ро иот старье тои в румент то тија voucher. ро иот с Аmended School District Income Tax Рауменt Voucher			среск ог v	oncyer.

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# 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)


First name M.I. Last name	
Reason(s):	
Net operating loss carryback ( <b>IMPORTANT</b> : Be sure to complete and attach Ohio IT NOL, Net Operating Loss Carryback Worksheet, [available at tax.ohio.gov] and <u>check the box on</u> the front of the SD 100 indicating that you are amending for a NOL.	Ohio IT 1040, Schedule A, additions to income Ohio IT 1040, Schedule A, deductions from income Senior citizen credit claimed Ohio IT/SD 2210 interest penalty amount increased
Federal adjusted gross income decreased (see instructions) Federal adjusted gross income increased (see instructions) Change in amount of earned income (earned income tax base	Ohio IT/SD 2210 interest penalty amount decreased School district withholding increased School district withholding decreased
filers)	Estimated and/or SD 40P amount or previous year carryforward overpayment increased
Residency status changed Exemptions increased (traditional tax base filers) Exemptions decreased (traditional tax base filers)	<ul> <li>Estimated and/or SD 40P amount or previous year carryforward overpayment decreased</li> <li>Amount paid with original filing did not equal amount reported as paid with the original filing</li> </ul>

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

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. Ohio Revised Code sections 5703.05, 5703.057 and 5747.08 authorize us to request this information. We need your Social Security number in order to administer this tax.

SD RE

Rev. 11/15