Do not staple or paper clip.

2020 Ohio SD 100

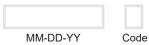
School District Income Tax Return



Use only black ink/UPPERCASE letters. File a separate Ohio SD 100 for each taxing school district in which you lived during the tax year.

Check here if this is an <u>amended</u> return Do <u>NOT</u> include a copy of the previousl		Ohio S	SD RE.	Checl	k here if claim	ning ar	n NOL carrybao	ck. Include Schedu	ıle IT NOL.
	If deceased	Sp	oouse's SSN	(if filing joint	ly)	••	If deceased	School district # this return (see in	
First name	check box	M.I.	Last name				check box	SD# ▶▶	
Spouse's first name (only if married filing jointl	y)	M.I.	Last name						
Address line 1 (number and street) or P.O. Bo	x								
Address line 2 (apartment number, suite numb	oer, etc.)								
City				State	ZIP code		Ohio count	ty (first four letters)	
Foreign country (if the mailing address is outsi	ide the U.S.)			Foreign	postal code				
Residency Status - Check only one for	primary			Check only	one for spou	se (if n	narried filing jo	intly)	
Resident Part-year resident	Nonreside	nt		Reside	nt Pa	rt-yea	r resident	Nonresident	
Dates of nonresidency to				Dates of nonresidence	;y		to		
Filing Status - Check one (as reported or	n the Ohio IT 1	040)		Tax Type	- Check one	(see ii	nstructions)		
Single, head of household or qualifying	widow(er)			Traditio	onal tax base	. Start	with line 19 of	this return.	
Married filing jointly Married filing separately	Spouse's SSI	N		Earned	d income tax	base	. Start with line	e 24 of this return.	
School district taxable income: Traditional tax Earned incom							1.		00
2. School district income tax liability: line 1 time	s tax rate		(rat	tes found in t	he instruction	ıs)	2.		
3. Senior citizen credit (you must be 65 or olde	er to claim this	cred	it; limit \$50	per return).			3.		
4. Line 2 minus line 3 (if less than zero, enter 2	zero)						4.		
5. Interest penalty on underpayment of estima	ted tax (includ	e Oh	io IT/SD 221	0)			5.		
6. Total school district income tax liability	pefore withhold	ding c	or estimated	payments (I	ine 4 plus line	9 5)	6.		

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



2020 Ohio SD 100

School District Income Tax Return



SD# SSN

6a.	Amount from line 6 on page 1	6a.	
	School district income tax withheld – Schedule of School District Withholding, part A, line 1 (INCLUDE SCHEDULE)		
8.	Estimated and extension payments (from Ohio SD 100ES and SD 40P), and credit carryforward from last year's return		
9.	Amended return only – amount previously paid with original and/or amended return	9.	
10.	Total school district income tax payments (add lines 7, 8 and 9)	10.	
11.	Amended return only – overpayment previously requested on original and/or amended return	11.	
12.	Line 10 minus line 11. Place a "-" in the box at the right if the amount is less than zero	12.	
	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). If line 12 is negative, ignore the "-" and add line 12 to line 6a	13.	
14.	Interest due on late payment of tax (see instructions)	14.	
	TOTAL AMOUNT DUE (line 13 plus line 14). Include Ohio SD 40P (if original return) or Ohio SD 40XP (if amended return) and make check payable to "School District Income Tax"AMOUNT DUE >		
16.	Overpayment (line 12 minus line 6a)	16.	
17.	Original return only – amount of line 16 to be credited toward next year's school district income tax liability	17.	
18.	REFUND (line 16 minus line 17)YOUR REFUND >	18.	
<u>Tra</u>	ditional Tax Base School District Amounts (lines 19 to 23)		
	Ohio IT 1040, line 3 minus Ohio IT 1040, line 4. Place a "-" in the box at the right if the amount is less than zero	19.	
20.	Business income deduction add-back (from Ohio Schedule A, line 11)	20.	
21.	Line 19 plus line 20. Place a "-" in the box at the right if the amount is less than zero	21.	
	The portion of line 21 received while a nonresident of the school district entered above		
Far	ned Income Tax Base School District Amounts (lines 24 to 27)	.23.	
24.	Wages and other compensation received while a resident of the school district and included		
	in modified adjusted gross income (see instructions)	.24.	
	Net earnings from self-employment received while a resident of the school district and included in modified adjusted gross income (see instructions)	25.	
26.	Federal conformity adjustments (see instructions)	26.	
27.	School district taxable income (add lines 24, 25 and 26; if less than zero, enter zero). Enter here and on line 1 of this return	27.	
	n Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge belief, the return and all enclosures are true, correct and complete.	If your refund is \$1.00 or less, no refund will be issue if you owe \$1.00 or less, no payment is necessary	

Primary signature ___ _____ Phone number

Check here to authorize your preparer to discuss this return with the Department.

Preparer's printed name ____ _____ Phone number_

Preparer's TIN (PTIN)

NO Payment Included – Mail to: Ohio Department of Taxation P.O. Box 182197 Columbus, OH 43218-2197

Payment Included – Mail to: Ohio Department of Taxation P.O. Box 182389 Columbus, OH 43218-2389



2020 Schedule of School **District Withholding**



Use only black ink/UPPERCASE letters.

Complete a **separate** schedule for each SD 100 you file that reports school district withholding.

Primary taxpayer's SSN

School District #

List your and your spouse's (if filing jointly) W-2 and 1099-R forms only if they have school district withholding. Complete all fields for each form entered. Enter "P" in the "PIS" box if the form is the primary taxpayer's and enter "S" if it is the spouse's. Complete additional copies if necessary.

Important: On occasion, employers will report school district withholding in box 14 of the W-2 instead of the "local" boxes. In this case, enter the school district number and the withholding amount in the appropriate fields and report the Ohio state wages from box 16 as the school district wage amount.

1. Total of all school district income tax withheld for the school district entered above. Enter here and on

Part A - Total Withholding

line 7	of your SD 100		1.
	<u>s - W-2s</u>	D 4 W	B 0 5 1 1: 4 311 11
1. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		_[0]0	
	Box 15 - Employer's Ohio ID number	Box 18 - School district wages	Box 19 - School district tax
		00	
2. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
	Box 15 - Employer's Ohio ID number	Box 18 - School district wages	Box 19 - School district tax
		00	
3. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		. 0 0	
	Box 15 - Employer's Ohio ID number	Box 18 - School district wages	Box 19 - School district tax
4 D/C	Davida FINI	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
4. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	box 2 - Federal income tax withheir
		_[0]0	
	Box 15 - Employer's Ohio ID number	Box 18 - School district wages	Box 19 - School district tax
	•		
5. P/S	Box b - EIN	Box 1 - Wages, tips, other compensation	Box 2 - Federal income tax withheld
		00	
	Box 15 - Employer's Ohio ID number	Box 18 - School district wages	Box 19 - School district tax
	Zex to Zimpleyer o crite 12 manuae.	Zak ie zanasi dasina magas	
		_[0]0	
Part C	: - 1099-Rs		
1. P/S	Payer's TIN	Box 1 - Gross distribution	Box 4 - Federal income tax withheld
	Box 15 - Payer's Ohio number	Box 19 - School district distribution	Box 17 - School district tax



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2020 Ohio SD 40P

Include the voucher below with your payment for your **ORIGINAL** 2020 school district income tax return.

<u>Important</u>

- Make payment payable to: School District Income Tax
- Include the tax year, the last four digits of your SSN, and the school district number on the "Memo" line of your payment.
- Do not send cash.
- Do not use this voucher to make a payment for an amended school district income tax return. Use Ohio SD 40XP.
- Do not use this voucher to make a payment for an Ohio income tax return. Use Ohio IT 40P for an <u>original</u> Ohio income tax return. Use Ohio IT 40XP for an <u>amended</u> Ohio income tax return.

Electronic Payment Options

You can make your payment electronically even if you file by paper. Pay by electronic check, credit card or debit card via the Department's Online Services. Go to **tax.ohio.gov** for more information.

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.

ORIGINAL PAYMENT

Cut on the dotted lines. Use only black ink.

OHIO SD 40P

Original School District Income Tax Payment Voucher			
First name	M.I.	Last name	
Spause's first name (only if joint filing)	MI	Last name	
Spouse's first name (only if joint filing)	IVI.I.	Last name	
Address			
City, State, ZIP code			

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

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()		or pa

Do <u>NOT</u> send cash Do <u>NOT</u> fold, staple, or paper clip

School district number



Use UPPERCASE letters to print the first three letters of

Taxpayer's last name

Spouse's last name (only if joint filing)

Taxpayer's SSN

Spouse's SSN (only if joint filing)

