

Please do not use staples.



Taxable year beginning in

2010

SD 100 School District Income Tax Return Rev. 8/10

Please use only black ink.

File a separate Ohio form SD 100 for each taxing school district in which you lived during the taxable year.

Taxpayer Social Security no. (required) If deceased Spouse's Social Security no. (only if joint return) If deceased

Enter school district # for this return (see pages 9-10).

SD#

Use UPPERCASE letters.

check box

check box

Place Label Here

Your first name M.I. Last name

Spouse's first name (only if married filing jointly) M.I. Last name

Mailing address (for faster processing, please use a street address)

City State ZIP code County (first four letters)

Home address (if different from mailing address) - please do NOT show city or state ZIP code County (first four letters)

Foreign country (please provide this information if your mailing address is outside the U.S.) Foreign postal code

School District Residency - File a separate Ohio form SD 100 for each taxing school district in which you lived during the taxable year.

Check applicable box

Full-year resident Part-year resident of SD# above Full-year nonresident of SD# above

Enter date of nonresidency to

Check applicable box for spouse (only if married filing jointly)

Full-year resident Part-year resident of SD# above Full-year nonresident of SD# above

Enter date of nonresidency to

Filing Status - Check one (must match Ohio income tax return):

- Single or head of household or qualifying widow(er)
Married filing jointly
Married filing separately (enter spouse's SS#)

Please do not use staples, tape or glue. Place your W-2(s), check (payable to School District Income Tax) and Ohio form SD 40P on top of your return. Place any other supporting documents or statements after the last page of your return.

Go paperless. It's FREE! Try I-File or Ohio eForms by visiting tax.ohio.gov.

Most electronic filers receive their refunds in 5-7 business days by direct deposit!

Tax Type - Check one (for an explanation, see page 2 of 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 line 1 below.
Earned income only tax base school district. You must start with Schedule A, line 20 on page 2 of this return.

INCOME INFORMATION - If the amount on line 1 is negative, shade the negative sign ("-") in the box provided.

1. Traditional tax base school district filer. Enter on this line your Ohio taxable income reported on line 5 of Ohio form IT 1040 or IT 1040EZ.

Earned income only tax base school district filer. Complete Schedule A on page 2 of this return and then enter on this line the amount you show on page 2, line 23 of this return.

1. 00

2. The amount of Ohio taxable income, if any, you earned while not a resident of the traditional tax base school district whose number you entered above.

Earned income only tax base school district filers must leave this line blank

2. 00

3. School district taxable income (line 1 minus line 2; if less than zero, enter -0-)

3. 00

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

If you have a federal extension of time to file, please include a copy or the confirmation number of the extension.

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



Department of Taxation



10020200

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SS#

SD#

4. Amount from line 3, page 1
5. School district tax rate
6. Senior citizen credit
7. Total due
8. Interest penalty
9. Total due plus IT/SD 2210 penalty
10. School district income tax withheld
11. Add your 2010 Ohio form SD 100ES payment(s)
12. Add lines 10 and 11
13. Amount overpaid
14. Credited to 2011
15. Line 13 minus line 14
16. Amount due
17. Interest and penalty due
18. Amount due plus interest and penalty
19. Your refund

SCHEDULE A - EARNED INCOME ONLY TAX BASE SCHOOL DISTRICT AMOUNTS

20. Wages and other compensation
21. Net earnings from self-employment
22. Depreciation expense adjustment
23. Add lines 20, 21 and 22

SIGN HERE (required) - See page 1 of this return for mailing information.

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
Spouse's signature (see page 4 of the instructions) Phone number (optional)
Preparer's name (please print; see page 4 of the instructions) Phone number
Do you authorize your preparer to contact us regarding this return? Yes No

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Code