Ohio Department of TAXATION
School District Income Tax
P.O. Box 182388
Columbus, OH 43218-2388

07090102

2007 SD 141 Long

Rev. 11/06

School District Employer's Annual Reconciliation of Tax Withheld

Ohio withholding acct. no.	FEIN	Payment due date 01/31/2008

Name

Number and street

City, state, ZIP

Final Return
Check box if out of business or no more SD employees.

If you do not owe any taxes, write -0- in the space on line 3. If you have a balance due, mail one check payable to School District Income Tax for the total amount. Complete the tax liability and the total payment for each school district for which you withheld tax.

DO NOT STAPLE OR OTHERWISE ATTACH YOUR CHECK OR CHECK STUB TO THIS FORM. DO NOT SEND CASH. Make check payable to **OHIO SCHOOL DISTRICT INCOME TAX** and mail to Ohio School District Income Tax, P.O. Box 182388, Columbus, OH 43218-2388.

I declare under penalties of perjury that this return, including any accompanying schedules and statements, has been examined by me and, to the best of my knowledge and belief, is a true, correct and complete return and report.

Signature Title Date

1. Enter the total amount of school district income tax required to be withheld for ALL active school districts during 2007. $, , .
2. Enter the amount of payments made for 2007 on form SD 101 for ALL active school districts. $, , .
3. If line 2 is LESS than line 1, subtract line 2 from line 1 and enter the balance of school district income tax due. **AMOUNT YOU OWE →** $, , .
4. If line 2 is GREATER than line 1, subract line 1 from line 2 and enter the overpayment of school district income tax. **YOUR REFUND →** $, , .

A School District Name	B School District No.	C School District Income Tax Withheld	D Amount of Payment	E Underpayment/ (Overpayment)

Ohio Withholding Account No.

07090202

For the Period Ending **2007**

A School District Name	B School District No.	C School District Income Tax Withheld		D Amount of Payment		E Underpayment/ (Overpayment)	