



2016 SD 100
School District Income Tax Return



16020202

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"/>	00
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). Include W-2(s), W-2G(s) and 1099-R(s) with the 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"/>	00
8. School district estimated and extension payments made (2016 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"/>	00
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"/>	00
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"/>	00
11. Amended return only – overpayment previously requested 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"/>	00
12. Line 10 minus line 11. Place a negative sign (“-”) in the box at the right if the amount is less than -0-.. <input type="checkbox"/>	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"/>	00

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 negative sign (“-”) and add line 12 to line 6a	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"/>	00
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"/>	00
15. TOTAL AMOUNT DUE (line 13 plus line 14). Include 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"/>	00
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"/>	00
17. Original return only – amount of line 16 to be credited toward 2017 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"/>	00
18. 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"/>	00

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.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
20. Business income deduction add-back (see instructions)	20.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
21. Total traditional tax base school district income (line 19 plus line 20). Place a negative sign (“-”) in the box at the right if the amount is less than -0-	21.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
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	22.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
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.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00

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)	24.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
25. Net earnings from self-employment to the extent included in Ohio adjusted gross income. Place a negative sign (“-”) in the box at the right if the amount is less than -0-	25.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
26. Depreciation expense adjustment (see instructions)	26.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00
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	27.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	00

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.

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

<input type="text"/>	Date (MM/DD/YY)	
<input type="text"/>	Phone number	
<input type="text"/>	PTIN	Phone number
Do you authorize your preparer to contact us regarding this return? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

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