

SD 100X Ohio Amended School District Income Tax Return for Year 2014

Calendar Year

2014

Rev. 11/14

For Department Use Only

Please Print	Your first name	M.I.	Last name	Your Social Security number	Filing Status: (Check only one box in each column) <table style="width:100%; border:none;"> <tr> <td style="width:50%;">Original</td> <td style="width:50%;">Amended</td> </tr> <tr> <td><input type="checkbox"/> Single, head of household or qualifying widow(er)</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Married filing jointly (MFJ)</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Married filing separately (MFS)</td> <td><input type="checkbox"/></td> </tr> </table>	Original	Amended	<input type="checkbox"/> Single, head of household or qualifying widow(er)	<input type="checkbox"/>	<input type="checkbox"/> Married filing jointly (MFJ)	<input type="checkbox"/>	<input type="checkbox"/> Married filing separately (MFS)	<input type="checkbox"/>
	Original	Amended											
	<input type="checkbox"/> Single, head of household or qualifying widow(er)	<input type="checkbox"/>											
	<input type="checkbox"/> Married filing jointly (MFJ)	<input type="checkbox"/>											
<input type="checkbox"/> Married filing separately (MFS)	<input type="checkbox"/>												
If a joint return, spouse's first name	M.I.	Last name	Spouse's SSN (only if MFJ)										
Home address (number and street)			County										
City, town or post office, state and ZIP code			Ohio public school district number (from original SD 100 return) ▶ <input style="width:50px;" type="text"/>										

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

Check applicable box

<input type="checkbox"/> Full-year resident	<input type="checkbox"/> Part-year resident of SD # above	<input type="checkbox"/> Full-year nonresident of SD # above
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Check applicable box for spouse (only if married filing jointly)

<input type="checkbox"/> Full-year resident	<input type="checkbox"/> Part-year resident of SD # above	<input type="checkbox"/> Full-year nonresident of SD # above
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<input type="checkbox"/> Traditional tax base school district. You must start with 1A below. <input type="checkbox"/> Earned income only tax base school district. You must start with 1B below.	As Filed or as Last Amended or as Last Corrected	As Amended (Complete and attach Explanation of Corrections on page 2.)
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Income	1. A. Traditional tax base school district filer. Complete Schedule A on page 2 of this return and enter on this line the school district taxable income from the last line of Schedule A . B. Earned income only tax base school district filer. Complete Schedule B on page 2 of this return and enter on this line the school district taxable income from the last line of Schedule B	1.	00	1.	00
Tax and Credits	2. School district tax rate _____ % times line 1	2.	00	2.	00
	3. Senior citizen credit (you must be 65 or older to claim this credit; limit \$50 per return).....	3.	00	3.	00
	4. School district tax less credit (line 2 minus line 3)	4.	00	4.	00
	5. Interest penalty (attach Ohio form IT/SD 2210).....	5.	00	5.	00
	6. Total due before withholding and payments (add lines 4 and 5).....	6.	00	6.	00
Payments	7. School district income tax withheld.....	7.	00	7.	00
	8. School district estimated tax, SD 40P payments and previous year's credit carryover to year whose return you are amending.....	8.	00	8.	00
	9. Amounts previously paid.....	9.	00	9.	00
	10. Total of lines 7 through 9	10.	00	10.	00
Refund/Amount Owed	11. Overpayment shown on original return, on previously filed amended returns and on previously corrected returns (even if you have not yet received the refund)	11.	00	11.	00
	12. Line 10 minus line 11.....	12.	00	12.	00
	13. If line 12 is less than line 6 (as amended), subtract line 12 from line 6 and enter the amount owed. Make your check or money order payable to School District Income Tax..... AMOUNT YOU OWE ▶	13.	00	13.	00
	14. If line 12 is greater than line 6 (as amended), subtract line 6 from line 12. Enter the amount of your refund..... YOUR REFUND ▶	14.	00	14.	00

If your refund is \$1.00 or less, no refund will be issued. If you owe \$1.00 or less, no payment is necessary. Be sure to attach the page 2 Explanation of Corrections.

Taxpayer Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	▶ _____ Your signature	Date	
	▶ _____ Spouse's signature (see Ohio form SD 100 instructions)	Phone number	
	_____ Preparer's name (please print)	Phone number	
	Do you authorize your preparer to contact us regarding this return? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Date received	Code	Interest
	Mail to: Ohio Department of Taxation P.O. Box 182389 Columbus, OH 43218-2389		

SCHEDULE A – Traditional Tax Base School District Amounts

Complete this schedule only if you filed a traditional tax base school district return (SD 100).

15. Enter on this line your Ohio taxable income reported on line 5 of Ohio form IT 1040EZ or IT 1040. If amount is negative, type a negative sign (“-”) before the figure.....	15. _____	00
16. Small business investor income deduction add-back (see page SD 5 of the IT 1040 instructions).....	16. _____	00
17. Total traditional tax base school district income (add lines 15 and 16) If amount is negative, type a negative sign (“-”) before the figure.....	17. _____	00
18. The amount of traditional tax base school district income, if any, you earned while not a resident of the school district number you entered on page 1.....	18. _____	00
19. School district taxable income (line 17 minus line 18; enter -0- if less than zero). Enter here and on line 1 of this return.....	19. _____	00

SCHEDULE B – Earned Income Tax Base School District Amounts

Complete this schedule only if you filed an earned income only tax base school district return (SD 100).

20. Wages and other compensation described on page SD 6 of the IT 1040 instructions.....	20. _____	00
21. Net earnings from self-employment described on page SD 6 of the instructions. If the amount is negative, type a negative sign (“-”) before the figure.....	21. _____	00
22. Depreciation expense adjustment, if any, described on page SD 6 of the instructions.....	22. _____	00
23. School district taxable income (add lines 20, 21 and 22; enter -0- if less than zero). Enter here and on line 1 of this return.....	23. _____	00

Reason and Explanation of Corrections

Please attach documentation to support any adjustments to line items. Refer to page 4 of the instructions to identify required documentation for complete processing of the amended return.

Reason(s):

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Net operating loss carryback (please be sure to complete and include form IT NOL, Net Operating Loss Carryback Worksheet) | <input type="checkbox"/> Ohio form IT 1040, Schedule A, additions to income |
| <input type="checkbox"/> Federal adjusted gross income decreased (see #4 in the SD 100X instructions) | <input type="checkbox"/> Ohio form IT 1040, Schedule A, deductions from income |
| <input type="checkbox"/> Federal adjusted gross income increased (see #4 in the SD 100X instructions) | <input type="checkbox"/> Senior citizen credit claimed |
| <input type="checkbox"/> Change in amount of earned income (earned income only tax base filers) | <input type="checkbox"/> Ohio form IT/SD 2210 interest penalty amount increased |
| <input type="checkbox"/> Filing status changed | <input type="checkbox"/> Ohio form IT/SD 2210 interest penalty amount decreased |
| <input type="checkbox"/> Residency status changed | <input type="checkbox"/> School district withholding increased |
| <input type="checkbox"/> Exemptions increased (traditional tax base filers) | <input type="checkbox"/> School district withholding decreased |
| <input type="checkbox"/> Exemptions decreased (traditional tax base filers) | <input type="checkbox"/> Estimated and/or Ohio form SD 40P amount or previous year carryforward overpayment increased |
| | <input type="checkbox"/> Estimated and/or Ohio form SD 40P amount or previous year carryforward overpayment decreased |
| | <input type="checkbox"/> Amount paid with original filing did not equal amount reported as paid with the return |

Additional explanation (attach additional sheet(s) if necessary):

E-mail address (optional) _____ Telephone number (optional) _____

Electronic Payment Available

You can eliminate writing a paper check by using any of our electronic payment methods. Go to our Web site at tax.ohio.gov for all electronic payment options.

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.

Ohio SD 40XP



SD 40XP

DO NOT STAPLE YOUR PAYMENT TO THIS VOUCHER. DO NOT SEND CASH.

Do NOT fold check or voucher.

Amended School District Income Tax Payment Voucher

20__SP



First name	M.I.	Last name
Spouse's first name (only if joint filing)	M.I.	Last name
Address		
City, state, ZIP code		

Please use UPPERCASE letters to print the first three letters of

School district number	Taxpayer's last name	Spouse's last name (only if joint filing)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Your Social Security number	<input type="text"/>	
Spouse's Social Security number (only if joint filing)	<input type="text"/>	

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.

AMOUNT OF PAYMENT → \$.00

SD 100X Instructions

Note: Be sure to complete and attach the "Reason and Explanation of Corrections" on page 2.

General Information

1. Use Ohio form SD 100X for the following:
 - correct your school district tax return; AND/OR
 - request a refund of tax, interest and/or penalty previously paid; AND/OR
 - report IRS changes that affected the number of exemptions claimed; AND/OR
 - report IRS changes that affected your federal adjusted gross income; AND/OR
 - change your filing status (see **Change in Filing Status** at right).
2. You can file Ohio school district form SD 100X only after you have filed an Ohio school district income tax return (Ohio form SD 100 or any of the department's paperless or electronic tax return filing options).
3. You must complete all of the information requested on the front of the form. Otherwise, we cannot process your amended return, and we will return it to you.
4. If your amended school district income tax return shows a refund due on account of either (a) a change in your federal adjusted gross income or (b) a change in your filing status from married filing jointly to married filing separately, you can speed up the refund process if you do the following:
 - (1) Attach a copy of your amended federal income tax return (IRS form 1040X) and
 - (2) Attach either a copy of the federal refund check or a copy of the IRS acceptance letter.If you are unable to attach this information, we will require several extra weeks to process your refund.
5. If you file your return after the unextended due date and if you paid and/or will pay any tax after the unextended due date, you owe interest.

Penalty may be due on late-filed returns and/or late-paid tax. Please see a discussion of interest and penalty in the individual income tax return instructions for the year for which you're filing.

Time Period in Which to File (Statute of Limitations)

1. Generally, you can claim a refund within four years from the date of the overpayment of the tax. For most taxpayers, the four-year period **begins** on the date the school district income tax return was due (without extensions). For example, the 2009 Ohio form SD 100 is due on April 15, 2010.

2. If your school district amended return shows a refund on account of a decrease in your federal adjusted gross income and if the IRS issues you a refund check due to that decrease, you always have at least 60 days from the date the IRS agreed to the decrease to file your Ohio and school district amended income tax returns.

Your amended return may not be processed until after Oct. 15.

Change in Filing Status

You can change your filing status from married filing separately to married filing jointly anytime within the statute of limitations, but without taking into consideration any extension of time to file. However, you only have until the date the Ohio school district tax return was due, without extensions, to change your filing status from married filing jointly to married filing separately. **In any event, your filing status for school district income tax purposes must be the same as your filing status for Ohio form IT 1040.**

General Instructions

- A. Enter the school district number from your original Ohio form IT 1040.
- B. To calculate the amounts you will show in the "as amended" column, use the school district income tax instruction booklet for the return year you are amending.

Line Instructions

Line 7 – You must attach W-2s to the back of this form only if the amount shown on line 7 as amended is greater than the withholding amount you reported on your originally filed return.

Line 11 – Enter on this line all of the following:

- Refunds you claimed on previously filed returns for the year and school district number shown on the front of this form – even if you have not yet received the refund.
- Amounts you claimed as an overpayment credit to the following year (for the exception, see "Special Rule" below).

Special Rule

If you want to reduce the amount of your overpayment credit shown on the originally filed return for the year, you must do both of the following:

- Include on line 11 only the amount of the overpayment credit that you claimed on your originally filed return and that you now want applied to the next year; AND
- Amend next year's return (if already filed) to show the reduction in the amount of the overpayment credit you want to apply to the next year.

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.