2021 Ohio SD 40XP

Include the voucher below with your payment for your **AMENDED** 2021 school district income tax return.

**Important**

- 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 original school district income tax return. Use Ohio SD 40P.
- Do not use this voucher to make a payment for an Ohio income tax return. Use Ohio IT 40XP for an **amended** Ohio income tax return. Use Ohio IT 40P for an **original** Ohio income tax return.

**Electronic Payment Options**

You can make your payment electronically even if you file by paper. To pay by electronic check, credit card, or debit card, visit [tax.ohio.gov/pay](http://tax.ohio.gov/pay) OR scan with your phone.

**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.

**AMENDED PAYMENT**

*Cut on the dotted lines. Use only black ink.*

**OHIO SD 40XP**

**Amended School District Income Tax Payment Voucher**

<table>
<thead>
<tr>
<th>First name</th>
<th>M.I.</th>
<th>Last name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse's first name (only if joint filing)</td>
<td>M.I.</td>
<td>Last name</td>
</tr>
<tr>
<td>Address</td>
<td></td>
<td></td>
</tr>
<tr>
<td>City, State, ZIP code</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Make payment payable to:** School District Income Tax

**Mail to:** Ohio Department of Taxation,

P.O. Box 182389, Columbus, OH 43218-2389

**Tax Year**

**2021**

- Do **NOT** send cash
- Do **NOT** 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)

**Amount of Payment**

0 0