SD-100

2002

SCHOOL DISTRICT INCOME TAX RETURN

Your first name	Initial	Last name		Your social security number

Filing Status—check only one
- ☐ Single or head of household

If a joint return, spouse's first name	Initial	Last name		Spouse's social security number

- ☐ Married filing joint return

Home address (number and street)	PLACE LABEL HERE OR PRINT/TYPE INFORMATION	Apt. #	Ohio county

- ☐ Married filing separately, enter spouse's SS#

City, town or post office, state, and ZIP code

School District Residency

Check one: Taxpayers must file a separate return for each school district affected (see list and rates in SD-100 booklet).

- ☐ 1. Full-year resident
- ☐ 2. Part-year resident of SD # at right (explain on back)
- ☐ 3. Nonresident of SD # at right (explain on back)

Enter the school district number for this return (see page 7 of booklet) ▶ **SD #** ☐☐☐☐

1. Ohio adjusted gross income reported on line 3 of Ohio Form IT-1040 or IT-1040EZ. If you filed your Ohio income tax by telephone, see instructions on page 2. **1** ☐ , ☐☐☐ , ☐☐☐ . 0 0

2. Part-year/nonresident income deduction (complete reverse side) **2** ☐ , ☐☐☐ , ☐☐☐ . 0 0

3. School district adjusted gross income (subtract line 2 from line 1) **3** ☐ , ☐☐☐ , ☐☐☐ . 0 0

4. Exemptions (multiply the number of your exemptions _____ times $1,200) **4** ☐☐ , ☐☐☐ . 0 0

5. School district taxable income (subtract line 4 from line 3) **5** ☐ , ☐☐☐ , ☐☐☐ . 0 0

6. School district tax (multiply the amount on line 5 by the tax rate from SD-100 booklet: ___%) **6** ☐☐☐ , ☐☐☐ . 0 0

7. Senior citizen credit ($50 limit per return) **7** ☐☐ . 0 0

8. School district tax less credit (subtract line 7 from line 6) **8** ☐☐☐ , ☐☐☐ . 0 0

9. School district tax withheld (attached W-2's must show and agree with SD number above) **9** ☐☐☐ , ☐☐☐ . 0 0

10. SD-100ES ($ _____), SD-40P ($ _____), and 2001 credit carryover ($ _____) **10** ☐☐☐ , ☐☐☐ . 0 0

11. Total payments (add lines 9 and 10) **11** ☐☐☐ , ☐☐☐ . 0 0

12. If line 11 is less than line 8, subtract line 11 from line 8 and enter the **AMOUNT YOU OWE** ▶ **12** ☐☐☐ , ☐☐☐ . 0 0

13. If line 11 is greater than line 8, subtract line 8 from line 11 and enter your overpayment **13** ☐☐☐ , ☐☐☐ . 0 0

14. Enter the amount of school district overpayment on line 13 you want **CREDITED TO 2003** ▶ **14** ☐☐☐ , ☐☐☐ . 0 0

15. Subtract line 14 from line 13 and enter the amount you want **REFUNDED** ▶ **15** ☐☐☐ , ☐☐☐ . 0 0

Make your check payable to School District Income Tax. If the balance due is less than $1.01, payment need not be made, and if the overpayment is less than $1.01, no refund will be issued.

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.

Your signature _____ Date _____

Spouse's signature (if filing jointly, both must sign, even if only one had income) _____ Telephone number (optional) _____

Preparer's signature and address _____

FOR DEPARTMENTAL USE ONLY

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

2002 School District Residency Status:

1. Resident of school district: Check box #1 on the front if you were a full-year resident of the school district for which you are filing this return.

2. Part-year resident of school district (from ___ / ___ / 2002 to ___ / ___ / 2002): Check box #2 on the front of this return. If you were not a full-year resident of the school district for which you are filing this return, **explain your part-year status below.** Your explanation may help avoid a delay in processing your return.

3. Nonresident of school district: Check box #3 on the front of this return. If you were not at any time in 2002 a resident of the school district for which you are filing this return, **explain your nonresident status below** and identify your resident school district. Your explanation may help avoid a delay in processing your return.