

# SD-100

# 2003

## SCHOOL DISTRICT INCOME TAX RETURN

Social Security Number(s) Must Be Filled In Below

Your first name Initial      Last name	Your social security number	<b>Filing Status—check only one</b> <input type="checkbox"/> Single or head of household <input type="checkbox"/> Married filing joint return <input type="checkbox"/> Married filing separately, enter spouse's SS# <input type="text"/>
If a joint return, spouse's first name Initial      Last name <b>PLACE LABEL HERE</b>	Spouse's social security number	
Home address (number and street) <b>OR PRINT/TYPE INFORMATION</b> Apt. #	Ohio county	
City, town or post office, state and ZIP code		

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

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

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

<b>1</b> 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.	<b>1</b>	<input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<b>2</b> Part-year/nonresident income deduction (complete reverse side)	<b>2</b>	<input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<b>3</b> School district adjusted gross income (subtract line 2 from line 1)	<b>3</b>	<input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<b>4</b> Exemptions (multiply the number of your exemptions _____ times \$1,250)	<b>4</b>	<input type="text"/>	,	<input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<b>5</b> School district taxable income (subtract line 4 from line 3)	<b>5</b>	<input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<b>6</b> School district tax (multiply the amount on line 5 by the tax rate from SD-100 booklet: ___%)	<b>6</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<b>7</b> Senior citizen credit (\$50 limit per return)	<b>7</b>	<input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<b>8</b> School district tax less credit (subtract line 7 from line 6)	<b>8</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<b>9</b> School district tax withheld (attached W-2's must show and agree with SD number above)	<b>9</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<b>10</b> SD-100ES (\$) _____, SD-40P (\$) _____, and 2002 credit carryover (\$) _____	<b>10</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<b>11</b> Total payments (add lines 9 and 10)	<b>11</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<b>12</b> If line 11 is less than line 8, subtract line 11 from line 8 and enter the <b>AMOUNT YOU OWE</b> → Check here <input type="checkbox"/> if you have paid or will pay with a credit card	<b>12</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<b>13</b> If line 11 is greater than line 8, subtract line 8 from line 11 and enter your overpayment	<b>13</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<b>14</b> Enter the amount of school district overpayment on line 13 you want <b>CREDITED TO 2004</b> →	<b>14</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
<b>15</b> Subtract line 14 from line 13 and enter the amount you want <b>REFUNDED</b> →	<b>15</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	,	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

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			
9a	U-	12a	
Mail to: School District Income Tax P.O. Box 182389 Columbus, OH 43218-2389			

PLEASE CLIP YOUR CHECK OR MONEY ORDER HERE.

ATTACH W-2'S ON BACK.

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### 2003 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 \_\_\_ / \_\_\_ / 2003 to \_\_\_ / \_\_\_ / 2003): 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 2003 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.