

Please do not use staples.



Taxable year beginning in

2010

SD 100 School District Income Tax Return Rev. 8/10

Please use only black ink.

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

Taxpayer Social Security no. (required) If deceased Spouse's Social Security no. (only if joint return) If deceased

Form fields for Social Security numbers and checkboxes for deceased status.

Enter school district # for this return (see pages 9-10).

SD# form field

Use UPPERCASE letters.

Place Label Here

Your first name M.I. Last name

Spouse's first name (only if married filing jointly) M.I. Last name

Mailing address (for faster processing, please use a street address)

City State ZIP code County (first four letters)

Home address (if different from mailing address) - please do NOT show city or state ZIP code County (first four letters)

Foreign country (please provide this information if your mailing address is outside the U.S.) Foreign postal code

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

Check applicable box for taxpayer and spouse (resident/nonresident) and date of nonresidency.

Filing Status - Check one (must match Ohio income tax return):

Form fields for Filing Status: Single, Married filing jointly, Married filing separately.

Please do not use staples, tape or glue. Place your W-2(s), check (payable to School District Income Tax) and Ohio form SD 40P on top of your return. Place any other supporting documents or statements after the last page of your return.

Go paperless. It's FREE! Try I-File or Ohio eForms by visiting tax.ohio.gov.

Most electronic filers receive their refunds in 5-7 business days by direct deposit!

Tax Type - Check one (for an explanation, see page 2 of the instructions)

I am filing this return because during the taxable year I lived in a(n): Traditional tax base school district. Earned income only tax base school district.

INCOME INFORMATION - If the amount on line 1 is negative, shade the negative sign ("-") in the box provided.

1. Traditional tax base school district filer. Enter on this line your Ohio taxable income reported on line 5 of Ohio form IT 1040 or IT 1040EZ. Earned income only tax base school district filer. Complete Schedule A on page 2 of this return and then enter on this line the amount you show on page 2, line 23 of this return. 2. The amount of Ohio taxable income, if any, you earned while not a resident of the traditional tax base school district whose number you entered above. Earned income only tax base school district filers must leave this line blank. 3. School district taxable income (line 1 minus line 2; if less than zero, enter -0-).

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

If you have a federal extension of time to file, please include a copy or the confirmation number of the extension.

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

2010 SD 100

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Department of Taxation



10020202

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SS#

SD#

4. Amount from line 3, page 1 4.
5. School district tax rate (use the applicable decimal rate from pages 9-10 of the instructions) 5.
6. Senior citizen credit (limit \$50 per return). You must be 65 or older to claim this credit 6.
7. Total due (line 5 minus line 6; if less than zero, enter -0-) 7.
8. Interest penalty on underpayment of estimated tax. Enclose Ohio form IT/SD 2210 and the appropriate worksheet if you annualize 8.
9. Total due plus IT/SD 2210 penalty (add lines 7 and 8) TOTAL TAX > 9.
10. School district income tax withheld (school district number on W-2(s) must agree with school district number in the upper right-hand corner on page 1 of this return) 10.
11. Add your 2010 Ohio form SD 100ES payment(s), your 2010 Ohio form SD 40P extension payment(s) and your 2009 school district overpayment credited to 2010 11.
12. Add lines 10 and 11 TOTAL PAYMENTS > 12.
If line 12 is MORE THAN line 9, go to line 13. If line 12 is LESS THAN line 9, skip to line 16.
13. If line 12 is MORE THAN line 9, subtract line 9 from line 12 AMOUNT OVERPAID > 13.
14. Enter the amount of school district overpayment on line 13 that you want ... CREDITED TO 2011 > 14.
15. Line 13 minus line 14. Enter the amount on this line, then skip to line 17 15.
16. If line 12 is LESS THAN line 9, subtract line 12 from line 9 AMOUNT DUE > 16.
17. Interest and penalty due on late-paid tax and/or late-filed return (see page 6 of the instructions) 17.
If you entered an amount on line 15, skip to line 19. If you entered an amount on line 16, go to line 18.
18. Amount due plus interest and penalty (add lines 16 and 17). If payment is enclosed, make check payable to School District Income Tax and include Ohio form SD 40P (see page 7 of the instructions) AMOUNT DUE PLUS INTEREST AND PENALTY > 18.
19. Refund less interest and penalty (line 15 minus line 17). Enter the amount on this line. (If line 17 is more than line 15, you have an amount due. Subtract line 15 from line 17 and enter the amount on line 18.) YOUR REFUND > 19.

If your refund is less than \$1.01, no refund will be issued. If you owe less than \$1.01, no payment is necessary.

SCHEDULE A - EARNED INCOME ONLY TAX BASE SCHOOL DISTRICT AMOUNTS (See page 6 of the instructions.)

Complete this schedule only if you entered an earned income only tax base school district number in the upper right-hand corner on page 1 of this return.

20. Wages and other compensation described on page 6 of the instructions 20.
21. Net earnings from self-employment described on page 6 of the instructions. Shade the negative sign (" - ") at right if the amount is less than -0- 21.
22. Depreciation expense adjustment, if any, described on page 6 of the instructions 22.
23. Add lines 20, 21 and 22. Enter the total here and on line 1 of this return 23.

SIGN HERE (required) - See page 1 of this return for mailing information.

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.

Your signature Date
Spouse's signature (see page 4 of the instructions) Phone number (optional)
Preparer's name (please print; see page 4 of the instructions) Phone number
Do you authorize your preparer to contact us regarding this return? Yes No

For Department Use Only

Code