

SD 100X Ohio Amended School District Income Tax Return for Year 2013

Rev. 11/13

Calendar Year

For Department Use Only

Filing Status: (Check only one box in each column)

Original

Amended

☐ Single or head of household or
qualifying widow(er)

☐ Married filing joint return (MFJ)

☐ Married filing separately

Please Print

| | | |
|---|------|-----------|
| Your first name | M.I. | Last name |
| If a joint return, spouse's first name | M.I. | Last name |
| Home address (number and street) | | |
| City, town or post office, state and ZIP code | | |

| |
|-----------------------------|
| Your Social Security number |
| Spouse's SSN (only if MFJ) |
| County |

**Ohio public school district number
(from original SD 100 return)**

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

☐ Full-year
resident

☐ Part-year resident
of SD # above

☐ Full-year nonresident
of SD # above

Check applicable box for spouse (only if married filing jointly)

☐ Full-year
resident

☐ Part-year resident
of SD # above

☐ Full-year nonresident
of SD # above

☐ **Traditional tax base school district.** You must start with 1A below.

☐ **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.)

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**

Tax and Credits

2. School district tax rate _____ % times line 1

3. Senior citizen credit (you must be 65 or older to claim this credit; **limit \$50 per return**).....

4. School district tax less credit (line 2 minus line 3)

5. Interest penalty (attach Ohio form IT/SD 2210).....

6. Total due before withholding and payments (add lines 4 and 5).....

Payments

7. School district income tax withheld.....

8. School district estimated tax, SD 40P payments and previous year's credit carryover to year whose return you are amending.....

9. Amounts previously paid.....

Refund/Amount Owed

10. Total of lines 7 through 9

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).....

12. Line 10 minus line 11.....

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**

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**

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? ☐ Yes ☐ 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 . Shade the negative sign ("–") at right if the amount is less than -0-..... <input type="checkbox"/> | 15. _____ | 00 |
| 16. Small business investor income deduction add-back (see page SD 5 in the 1040 instructions)..... | 16. _____ | 00 |
| 17. Total traditional tax base school district income (add lines 15 and 16)..... <input type="checkbox"/> | 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. Shade the negative sign ("–") at right if the amount is less than -0-..... <input type="checkbox"/> | 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 3 of these 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) _____