


SD 100X Ohio Amended School District Income Tax Return for Year 2014

Calendar Year

20

Rev. 11/14

For Department Use Only

Please Print	Your first name M.I. Last name	Your Social Security number	Filing Status: (Check only one box in each column) <table border="0"> <tr> <td>Original</td> <td>Amended</td> </tr> <tr> <td><input type="checkbox"/> Single, head of household or qualifying widow(er)</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Married filing jointly (MFJ)</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Married filing separately (MFS)</td> <td><input type="checkbox"/></td> </tr> </table>	Original	Amended	<input type="checkbox"/> Single, head of household or qualifying widow(er)	<input type="checkbox"/>	<input type="checkbox"/> Married filing jointly (MFJ)	<input type="checkbox"/>	<input type="checkbox"/> Married filing separately (MFS)	<input type="checkbox"/>
	Original	Amended									
	<input type="checkbox"/> Single, head of household or qualifying widow(er)	<input type="checkbox"/>									
	<input type="checkbox"/> Married filing jointly (MFJ)	<input type="checkbox"/>									
<input type="checkbox"/> Married filing separately (MFS)	<input type="checkbox"/>										
If a joint return, spouse's first name M.I. Last name	Spouse's SSN (only if MFJ)										
Home address (number and street)	County										
City, town or post office, state and ZIP code	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.	1.		00	1.		00
	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	2.		00	2.		00
	3. Senior citizen credit (you must be 65 or older to claim this credit; limit \$50 per return).....	3.		00	3.		00
	4. School district tax less credit (line 2 minus line 3)	4.		00	4.		00
	5. Interest penalty (attach Ohio form IT/SD 2210).....	5.		00	5.		00
	6. Total due before withholding and payments (add lines 4 and 5).....	6.		00	6.		00
Payments	7. School district income tax withheld.....	7.		00	7.		00
	8. School district estimated tax, SD 40P payments and previous year's credit carryover to year whose return you are amending.....	8.		00	8.		00
	9. Amounts previously paid.....	9.		00	9.		00
Refund/Amount Owed	10. Total of lines 7 through 9	10.					00
	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).....	11.					00
	12. Line 10 minus line 11.....	12.					00
	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 	13.					00
	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 	14.					00

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 <u>line 5 of Ohio form IT 1040EZ or IT 1040</u> . If amount is negative, type a negative sign ("–") before the figure.....	15. _____	00
16. Small business investor income deduction add-back (see page SD 5 of the IT 1040 instructions).....	16. _____	00
17. Total traditional tax base school district income (add lines 15 and 16) If amount is negative, type a negative sign ("–") before the figure.....	17. _____	00
18. The amount of traditional tax base school district income, if any, you earned while <u>not</u> 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. If the amount is negative, type a negative sign ("–") before the figure.....	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 4 of the 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) _____