

Preparer's signature



2006

SD 100 Rev. 10/06 School District

Code

Income Tax Return use staples. Your Social Security number (required) Spouse's Social Security number (only if joint return) Enter school district # for this return (see pages 9-10). Check if Check if deceased deceased ▶ SD # Please use only UPPERCASE letters. Your first name M.I. Last name Spouse's first name (only if joint return) M.I. Last name Place Label Here Home address (number and street) City ZIP code State Ohio county (first four letters) Foreign country Foreign postal code In care of/executor's name (must indicate if refund will be issued in decedent's name) Filing Status - Check only one (same as reported on federal income tax return) Single or head of household Please do not use staples. Married filing jointly or qualifying widow(er) Place your W-2 on top of your return. Married filing separately -Place any other supporting documents or statements enter spouse's SS# after the last page of your return. School District Residency - You must file a separate form SD 100 for Please do not staple to (but do enclose with) this return any each school district in which you reside payment or form SD 40P (see page 7). Nonresident of SD # above Full-year resident If you are enclosing a check or money order, you must complete Part-year resident of SD # above from ... and enclose form SD 40P (see page 7). 2 0 0 6 to 2006 INCOME INFORMATION - If amount is negative or a loss, please shade the negative sign ("-") in the box provided. 1. Ohio adjusted gross income reported on line 3 of Ohio form IT 1040 or IT 1040EZ. If you filed your Ohio income tax return by telephone, see instructions on page 3. If this 0 0 amount is a loss, please shade the negative sign "-" in the box provided 2. Adjustments, if any, from Schedule A or B on page 2 of this form. If the amount on 0 0 line 2 comes from line 18 or 21, shade the negative sign "-" in the box provided 3. School district adjusted gross income (line 2 added to line 1 unless you have shaded the negative sign "-" in the box provided, in which case subtract line 2 from line 1; 0 0 cannot be less than -0-) 4. Exemptions (multiply the number of your exemptions times \$1,400). Note: If you entered 0 0 0 0 SIGN HERE (required) Continue to SD 100 - pg. 2 I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and For Departmental Use Only belief, the return and all enclosures are true, correct and complete. Your signature Date Spouse's signature (if filing jointly, BOTH must sign) Phone number

Phone number





SD 100 Rev. 10/06

School District Income Tax Return

So	cial Security number (required)	
6	School district tax (multiply the amount on line 5 by the decimal rate on pages 9-10) 6.	0 0
	Senior citizen credit (\$50 limit per return)	0 0
	School district tax less credit (line 6 minus line 7 – cannot be less than -0-)	0 0
	Interest penalty on underpayment of estimated tax. Enclose form SD 2210-100	0 0
	Total due before withholding and payments (add line 8 and line 9)	0 0
	School district tax withheld (enclosed W-2s must show and agree with SD number on page 1) 11.	0 0
	Add your estimated 2006 SD 100ES (\$), your 2006 SD 40P extension payments (\$)	
12.	and your 2005 overpayment credited to 2006 (\$), your 2005 ab 401 extension payments (\$\psi\$)	0 0
13.	Total payments (add line 11 and line 12)	0 0
14.	If line 13 is less than line 10, subtract line 13 from line 10 and enter the AMOUNT YOU OWE ▶ 14.	0 0
	Check here if you have paid or will pay with an electronic check or a credit card (see page 7).	
	Check here and enclose form SD 40P (see page 7) with the return if you are enclosing a paper check or money order (make payable to School District Income Tax).	
15.	If line 13 is greater than line 10, subtract line 10 from line 13 and enter AMOUNT OVERPAID 15.	0 0
16.	Enter the amount of school district overpayment on line 15 that you want CREDITED TO 2007 16.	0 0
17.	Subtract line 16 from line 15 and enter the amount that you want REFUNDED >	0 0
	If the amount you owe is less than \$1.01, payment need not be made. If your refund is less than \$1.01, no refund will be issued.	
SCHEDULE A – PART-YEAR OR NONRESIDENT ADJUSTMENTS		
	e: Do not complete this schedule if you entered school district number 6501 on the front of this form. Enter on line 18 the amount of Ohio adjusted gross income, line 1, that was earned while not a resident of	
	the taxing district whose number you entered on page 1 of this return. Be sure you reduce this amount by the related deductions (see instructions on page 3). Enter on line 2 the amount you show on line 18 18.	0 0
SC	HEDULE B - CIRCLEVILLE CITY SCHOOL DISTRICT (6501) ADJUSTMENTS	
Complete this schedule only if you entered school district number 6501 on page 1 of this form.		
19.	Enter the amount shown on line 1 on page 1 of this return. If you shaded in the negative in the box on line 1, please shade in the negative sign in the box on this line, too	0 0
20.	Enter on line 20 the qualifying income you earned while a resident of the Circleville City	
	School District. "Qualifying income you earned" means wages, tips and other employee compensation as shown on your W-2 (on line 7 of your IRS form 1040, on line 7 of	
	your IRS form 1040A or on line 1 of your IRS form 1040EZ), and net earnings from self- employment that you reported on IRS Schedule SE, Section A, line 4 or on Section B, line	0 0
	6 (Schedule SE is an attachment to IRS form 1040)	00
	Is the amount shown on line 19 the <u>same amount</u> as shown on line 20? Yes No If yes, do not complete the remainder of this schedule and enter -0- on line 2.	
	If no, please answer the following: Is the amount shown on line 19 more than the amount shown on line 20?	
	Yes. If yes, go to line 21 of this schedule and leave line 22 blank.	
	No. If no, skip line 21 and go to line 22 of this schedule.	
21.	If the amount on line 19 is more than the amount on line 20, subtract the amount on line	
	20 from the amount on line 19. Enter the difference here. If you show an amount on line 21, place the same amount on line 2 on the front page of this return. IMPORTANT: If you	
	show an amount on this line, shade the negative sign "-" in the box provided on line 2 on the front page of this return	0 0
22	If the amount on line 19 is not more than the amount on line 20, subtract the amount on	
	line 19 from the amount on line 20. Enter the difference here. Otherwise, leave this line blank. If you show an amount on line 22, place the same amount on line 2 on the front	
_	page of this return	0 0