

Department of Taxation

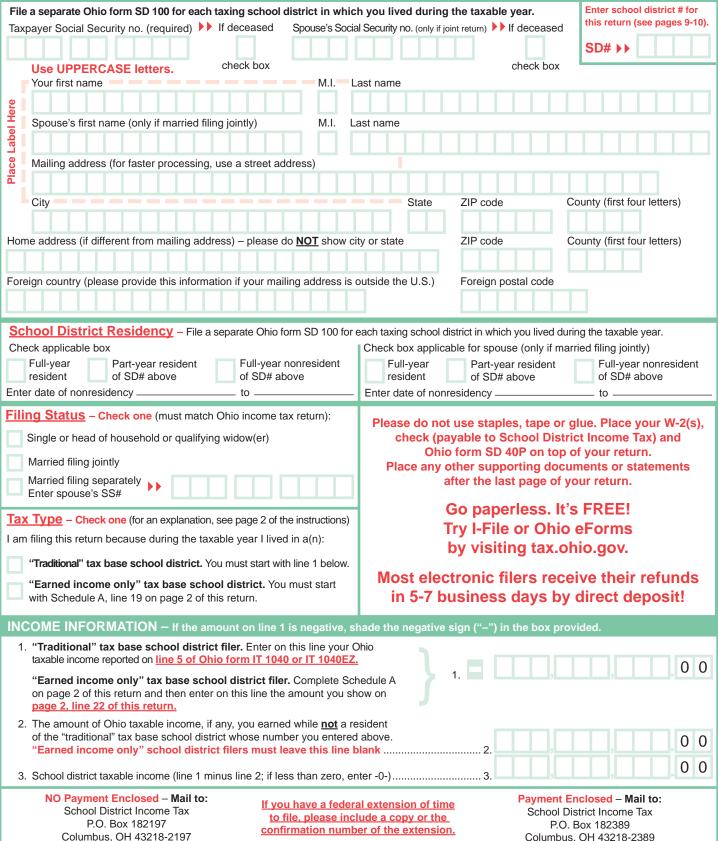


Taxable year beginning in 2009

Rev. 8/09 **SD 100 School District Income Tax Return** 

Please use only black ink.

School District Income Tax P.O. Box 182389 Columbus, OH 43218-2389



Ohio	Department of Taxation	09020202	Taxable year beginning in 2009	SD 100 School Distr Income Tax	
SD#					
4 Amount from line	e 3 nage 1		4		0 0
5. School district ta	ax rate (enter the ap	plicable decimal rate from pages 9-	-10 of		
,					0 0
					0 0
		eturn). You must be 65 or older to open to the start of the first time 6 minus line 7; if less to the first time from the first time.			0 0
					171
		school district number on W-2(s) m er on page 1 of this return)			<u>  0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0</u>
		S payment(s) (\$), y), and your 2008 scho			
		)			00
					000
	, •	line 12. If line 11 is LESS THAN lin	· •		
		t line 8 from line 11 and enter the		,	, 0 0
		verpayment on line 12 that you wa			0 0
				0	
14. Line 12 minus lii	ne 13	YOUR REFUN	D ▶ 14.		
15. If line 11 is less	than line 8, subtract	line 11 from line 8	15.		], O C
16. Interest penalty	on underpayment of	IT/SD 2210 and the16.		0 0	
					0 0
		d tax and/or late-filed return	To the second second		
		is enclosed, make check payable t see page 7 in the instructions)A		,,	00
		nn \$1.01, no refund will be issued		1, no payment is nece	ssary.
SCHEDULE A -	"EARNED INC	OME ONLY" TAX BASE SO	CHOOL DISTRICT AM	OUNTS (See page 6	of the instructions.
		itered an "earned income only" t er on page 1 of this return.	ax base school district		
	•	cribed on page 6 of the instructions	s19.		00
20. Net earnings fro	m self-employment	described on page 6 of the instructi	ions.		0 0
		t if the amount is less than -0			0 0
·		any, described on page 6 of the in-			0 0
22. Add lines 19, 20	and 21. Enter the to	otal here and on line 1 of this return	22.		, 00
•		e 1 of this return for mailing informat			
I have read this retu	rn. 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 in the instructions)

Preparer's name (please print; see page 4 in the instructions)

Phone number

Do you authorize your preparer to contact us regarding this return?

Yes

No

For Department Use Only

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