



Signature

Title

Date

School District Employer's Annual Reconciliation of Tax Withheld

Ohio Withholding Acct. No.	FEIN	Payment Due Date 01/31/2005						20(D-′ Lor	141	
Name									Rev. 1	_
Number and Street										
City, State, ZIP							Check		rn out of bu D emplo	
If you do not owe any taxes, w	Enter the total amount of School District Income Tax									
you have a balance due, mail one check payable to School District Income Tax for the total amount. Complete the reverse side for each school district for which you withheld, the		required to be withheld for ALL active school districts during 2004.	\$,	Ι	,			I
tax liability for each district, and district.	nd the total payment for each	Enter the amount of payments made for 2004 on Form SD-101 for ALL active	\$	_	÷	÷		_		+
Make check payable to Ohio School District Income Tax and		school districts.	P	ш	9_	+		ш	-	-
mail to: Ohio School District II Columbus, OH 43218-2388.	ncome Tax, P.O. Box 182388,	If line 2 is LESS than line 1, subtract line 2 from line 1 and enter the balance of School								
I declare under penalties of pe any accompanying schedules		District Income Tax due. AMOUNT YOU OWE →	\$	П	,	Ι	,			I
amined by me and, to the best a true, correct and complete re		If line 2 is GREATER than line 1, subract line 1 from line 2 and enter the overpayment of School District Income Tax.				_			_	_
		YOUR REFUND →	\$							

A School District Name	B School District No.	School District Income		D Amount of Payment	E Underpayment/ (Overpayment)			
			_					
	+ +							
	-							

Ohio Withholding Acct. No.	FEIN	Payment Due Date 01/31/2005
Name		

A School District Name	B C School District Income District No. Tax Withheld		D Amount of Payment	E Underpayment/ (Overpayment)			
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