

SD 141X – Amended School District Employer's Annual Reconciliation of Tax Withheld

Ohio Withholding Account Number	Federal Emp	loyer Identification Number		Go paperless! File your return through Ohio Business Gateway:		
Name				www.obg.ohio.gov		
Number and street				Final return: Check the box if out of business or		
City	State	ZIP code		no more SD employees. Explain on back.		
1. Enter the total amount of school district ALL active school districts during the yea	1.					
2. Enter previous payments including any ba deduct any refund received from Ohio fo	2.					
3. If line 2 is LESS than line 1, subtract line school district income tax due			3.			
4. If line 2 is GREATER than line 1, subtract payment of school district income tax			4.			

NOTE: If you do not owe any taxes, write 0.00 in the space on line 3. If you have a balance due, make your check payable to: School District Income Tax. Complete the reverse side for each school district you withheld for, the tax liability for each district, and the total payment for each district.

I declare under penalties of perjury that to the best of my knowledge and belief this is a true, correct and complete return.

Signature of responsible person		Title	Telephone number
Address, number and street		City	State ZIP code
Social Security number of responsible persor	1		Date
For Departmental Use			

Mail to: School District Income Tax P.O. BOX 182388 Columbus, Ohio 43218-2388 **INSTRUCTIONS:** For **all** active school districts that you were required to withhold for, you must list the total tax liability for each district and the total payment for each district. If your payment does not equal the amount to be withheld, enter the net result for each district (over) or **under** in the net result column. Enter your net result on the front on line 3 or line 4.

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