

Do not staple or paper clip.



Department of
Taxation

2020 Ohio IT 10
Zero Liability / No Refund
Individual Income Tax Return
Use only black ink and UPPERCASE letters.



20120106

Important: If you are liable for school district income tax, you **cannot** file this return. You **must** file the Ohio IT 1040.

Primary taxpayer's SSN (required)

If deceased

Spouse's SSN (if filing jointly)

If deceased

School district #
(see instructions)



check box



check box

SD#

First name

M.I. Last name

Spouse's first name (only if married filing jointly)

M.I. Last name

Address line 1 (number and street) or P.O. Box

Address line 2 (apartment number, suite number, etc.)

City

State

ZIP code

Ohio county (first four letters)

Foreign country (if the mailing address is outside the U.S.)

Foreign postal code

Residency Status – Check only one for primary

Resident

Part-year
resident

Nonresident
Indicate state



Check only one for spouse (if married filing jointly)

Resident

Part-year
resident

Nonresident
Indicate state



Filing Status – Check one (as reported on federal income tax return)

Single, head of household or qualifying widow(er)

Married filing jointly

Spouse's SSN

Married filing separately

Ohio Nonresident Statement – See instructions for required criteria

Primary meets the five criteria for irrefutable presumption as nonresident.

Spouse meets the five criteria for irrefutable presumption as nonresident.

Check here if you filed the federal extension form 4868.

Reason(s) For Filing (Required): By filing this return, the primary taxpayer and spouse (if filing jointly) declare that their correctly calculated tax liability (Ohio IT 1040, line 8c) is \$0.00 for one or more of the following reasons (check all that apply):

There is no tax liability on my Ohio taxable nonbusiness income (Ohio IT 1040, line 7) and taxable business income (Ohio IT 1040, line 6).

I was a nonresident of Ohio for the entire tax year and did not have Ohio-sourced income (e.g. the above address is for mailing purposes only).

I was a nonresident military servicemember for the entire tax year and my only source of income earned in Ohio is from the military.

I was a civilian spouse of a nonresident servicemember stationed in Ohio.

I understand that I **cannot** request a refund of any amount on this return.

Sign Here (required): I have read this return. 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.

Primary signature _____ Phone number _____

Spouse's signature _____ Date (MM/DD/YY) _____

Check here to authorize your preparer to discuss this return with the Department

Preparer's printed name _____ Phone number _____

Preparer's TIN (PTIN) **P**

Mail to:

Ohio Department of Taxation
P.O. Box 2476
Columbus, OH 43216-2476



MM-DD-YY



Code