





IT NRS - Ohio Nonresident Statement

Individuals claiming to be irrebuttably presumed to be full-year nonresidents for Ohio income tax purposes must file this form no later than the 15th day of the 10th month following the close of their tax year. For most taxpayers, the due date will be October 15th.

Taxpayer's SSN (required)	Sp	oouse's SSN (o	nly if joint	statement)						
irst name	M.I.	Last name								
Spouse's first name (only if joint statement)	M.I.	Last name								
Address line 1 (number and street) or P.O. Box										
Address line 2 (apartment number, suite number, et	c.)									
City			State	ZIP code		Ohio d	county ((first fo	ur lette	ers)
			Foreign	postal code						
Required Criteria (all must be true) • During the tax year, I had no more than 212 cont • During the tax year, I did not hold a valid Ohio dr • I did not receive the Ohio homestead property ta	tact periods in	or Ohio state i	identificati	on card <u>at any ti</u>		ect to a	a tax li	en dat	e incl	uded in th
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Federal Privacy Act Notice: Because we require you to provide us with a Social Security number, the *Federal Privacy Act of 1974* requires us to inform you that providing us with your Social Security number is mandatory. Ohio Revised Code sections 5703.05, 5703.057 and 5747.08 authorize us to request this information. We need your Social Security number in order to administer this tax.

Mail to: Ohio Department of Taxation P.O. Box 182847 Columbus, OH 43218-2847