Do not staple or paper clip.
Ohio Department of Taxation

## 2022 Ohio IT 10

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



Important: You can only file an IT 1040 or an IT 10. If you are liable for school district income tax, you must file the Ohio IT 1040.

Primary taxpayer's SSN (required)	✓ If deceased	Spouse's SSN (i	f filing jointly)	✓ If dece	ased	School district #	
First name		M.I. Last name	•				
Spouse's first name (only if married filin	ng jointly)	M.I. Last name	9				
Address line 1 (number and street) or I	P.O. Box						
Address line 2 (apartment number, suit	te number, etc.)						
City			State ZIF	° code	Ohio county	r (first four letters)	
Foreign country (if the mailing address	is outside the U.S.)		Foreign posta	al code			
Residency Status       – Check only of Resident         Part-year resident       Part-year resident         Check only one for spouse (if filing join       Resident         Resident       Part-year resident         Ohio Nonresident Statement       Part-year resident         Ohio Nonresident Statement       Primary meets the five criteria for in         Spouse meets the five criteria for in       Spouse meets the five criteria for in         (Ohio IT 1040, line 8c) is \$0.00 for one       There is no tax liability on my Ohio (Ohio IT 1040, line 7) and taxable         I was a nonresident of Ohio for the Ohio-sourced income (e.g. the above)       I understand that I cannot request a resident of the Ohio sourced income (e.g. the above)	Nonresident Indicate state Nonresident Indicate state - See instructions for rrebuttable presumpt filing this return, the or more of the follow taxable nonbusines business income (Or e entire tax year and over e address is for mailing	or required criteria ion as nonresident. ion as nonresident. primary taxpayer a wing reasons (che s income nio IT 1040, line 6). did not have g purposes only).	And spouse (if filinck all that apply):	, head of househo d filing jointly d filing separately al extension filers g jointly) declare t hresident military s ly source of incom	Id or qualifyi	Spouse's SSN	
Sign Here (required): I have read the correct and complete.					d belief, the re	eturn and all enclosures are true Mail to:	
Primary signature     Spouse's signature     Check here to authorize your preparer to discuss this retur     Preparer's printed name		with the Department			Ohio Department of Taxation P.O. Box 2476 Columbus, OH 43216-2476		
					MM-DI	D-YY Code	