Do not staple or paper clip.



2023 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 (if f	iling jointly)	✓ If deceased	School district #
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 cou	nty (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 Nonresident resident* Check only one for spouse (if filing jointly) Resident Part-year Nonresident resident*	Filing Status – Check one (as reported on federal income tax return) Single, head of household or qualifying surviving spouse Married filing jointly Spouse's SSN Married filing separately			
Ohio Nonresident Statement – See instructions Primary meets the five criteria for irrebuttable presum Spouse meets the five criteria for irrebuttable presum	Federal extension filers - check here.			
Reason(s) For Filing (Required): By filing this return, the (Ohio IT 1040, line 8c) is \$0.00 for one or more of the follows:			y) declare that their o	correctly calculated tax liability
There is no tax liability on my Ohio taxable nonbusine (Ohio IT 1040, line 7) and taxable business income (0	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 nonresident of Ohio for the entire tax year and Ohio-sourced income (e.g. the above address is for mail	I was a civilian sp Ohio.	I was a civilian spouse of a nonresident servicemember stationed in Ohio.		
I understand that I <u>cannot</u> request a refund of any amou	int on this return.			
Sign Here (required): I have read this return. Under pencorrect and complete.	alties of perjury, I declare	that, to the best of my kr	nowledge and belief, the	e return and all enclosures are true
Primary signature Phone no		umber		Mail to:
Spouse's signature Date		————— Ohio Department of Taxation		
Preparer's printed name Phone nu		umber		P.O. Box 2476
Authorize your preparer to Non-paid prepa discuss this return	rer PTIN: P		Colum	bus, OH 43216-2476

Do not write in this area; for department use only.

MM-DD-YY