

Do not staple or paper clip.



2025 Ohio IT 10
Zero Liability / No Refund
Individual Income Tax Return
Use only black ink and UPPERCASE letters.



25120102

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) Check if deceased Spouse's SSN (if filing jointly) Check if deceased Check if federal extension filed 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 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 *Indicate state
Resident Part-year resident* Nonresident*
Check only one for spouse (if filing jointly) *Indicate state
Resident Part-year resident* Nonresident*

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

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.

Ohio Nonresident Statement - See instructions for required criteria

- By checking this box and signing this return I, the primary taxpayer listed above, declare under penalties of perjury that I meet all of the required criteria for the tax year listed above, and thus, am irrebuttably presumed to not be domiciled in Ohio for the tax year.
By checking this box and signing this return I, the spouse listed above, declare under penalties of perjury that I meet all of the required criteria for the tax year listed above, and thus, am irrebuttably presumed to not be domiciled in Ohio for the tax year.

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

Sign Here (required): I declare under penalties of perjury that this return or claim (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return and report.

Primary signature Phone number
Spouse's signature Date
Preparer's printed name Phone number

Mail to:

Ohio Department of Taxation
P.O. Box 2057
Columbus, OH 43270-2057

Authorize your preparer to discuss this return Non-paid preparer PTIN: P

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

MM-DD-YY