Do not staple or paper clip.
Ohio
Department of
Taxation

2021 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) VIf decease	ed Spouse's SSN (i	f filing jointly) 🗸 🗸	f 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 county (first four letters)
Foreign country (if the mailing address is outside the	J.S.)	Foreign postal code	
Residency Status – Check only one for primary		Filing Status –	Check one (as reported on federal income tax return)
Resident Part-year Nonresident		Single, head of household or qualifying widow(er)	
Check only one for spouse (if married filing jointly)		Married filing j	ointly
Resident Part-year Nonresident Indicate		Married filing	Spouse's SSN separately
Ohio Nonresident Statement – See instructi	ons for required criteria		
Primary meets the five criteria for irrebuttable pres	umption as nonresident.	Federal exten	sion filers - check here.
Spouse meets the five criteria for irrebuttable pres	umption as nonresident.		
Reason(s) For Filing (Required): By filing this return) declare that their correctly calculated tax liability
(Ohio IT 1040, line 8c) is \$0.00 for one or more of the There is no tax liability on my Ohio taxable nonbus	o (nt military servicemember for the entire tax year
(Ohio IT 1040, line 7) and taxable business incom	(5 5	e of income earned in Ohio is from the military.
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 civilian spouse of a nonresident servicemember stationed in Ohio.	
I understand that I cannot request a refund of any an	nount on this return.		
Sign Here (required): I have read this return. Under correct and complete.	penalties of perjury, I declare	e that, to the best of my kn	owledge and belief, the return and all enclosures are true
Primary signature Phone nut		number	Mail to:
Spouse's signature	Date		Ohio Department of Taxation
Check here to authorize your preparer to discuss this return with the Department			P.O. Box 2476
Preparer's printed name Phone nu		number	Columbus, OH 43216-2476
	Preparer's		
			MM-DD-YY Code