

Do not staple or paper clip.



Department of Taxation

2020 Ohio IT 10
Zero Liability / No Refund
Individual Income Tax Return
Use only black ink and UPPERCASE letters.



20120106

Important: If you are liable for school district income tax, you cannot file this return. You must file the Ohio IT 1040.

Primary taxpayer's SSN (required) If deceased Spouse's SSN (if filing jointly) If deceased School district # (see instructions)
check box check box SD#

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
Filing Status - Check one (as reported on federal income tax return)
Ohio Nonresident Statement - See instructions for required criteria

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.

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

Sign Here (required): I have read this return. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the return and all enclosures are true, correct and complete.

Primary signature Phone number
Spouse's signature Date (MM/DD/YY)

Check here to authorize your preparer to discuss this return with the Department

Preparer's printed name Phone number
Preparer's TIN (PTIN)

Mail to:

Ohio Department of Taxation
P.O. Box 2476
Columbus, OH 43216-2476

MM-DD-YY Code