



IT NRS – Ohio Nonresident Statement

Use this form for tax years 2018 and forward.

This statement is for individuals claiming to be full-year nonresidents for Ohio income tax purposes and who meet the criteria found in R.C. 5747.24(B).

Taxpayer's SSN (required)

SSN input boxes

Spouse's SSN (only if joint statement)

Spouse's SSN input boxes

First name

First name input boxes

M.I. Last name

M.I. and Last name input boxes

Spouse's first name (only if joint statement)

Spouse's first name input boxes

M.I. Last name

Spouse's M.I. and Last name input boxes

Address line 1 (number and street) or P.O. Box

Address line 1 input boxes

Address line 2 (apartment number, suite number, etc.)

Address line 2 input boxes

City

City input boxes

State

State input boxes

ZIP code

ZIP code input boxes

Ohio county (first four letters)

Ohio county input boxes

Foreign country (if the mailing address is outside the U.S.)

Foreign country input boxes

Foreign postal code

Foreign postal code input boxes

Required Criteria

- During the taxable year, I had no more than 212 contact periods in Ohio.
• During the taxable year, I had at least one abode outside of Ohio for which I did not claim a depreciation deduction under section 167 of the Internal Revenue Code. Enter the state/country where the abode is located:

Taxpayer:

Taxpayer state/country input boxes

Spouse (if different abode):

Spouse state/country input boxes

- During the taxable year, I did not hold a valid Ohio driver's license or Ohio state identification card at any time.
• I did not receive the Ohio homestead property tax exemption or the owner-occupancy tax reduction with respect to a tax lien date included in the taxable year.
• I did not receive resident tuition benefits for an Ohio institution of higher education based on an abode being located in Ohio.

Declarations (required)

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

Sign Here (required): Sending in this statement does not constitute the filing of an income tax return. I have read this statement. Under penalties of perjury, I declare that, to the best of my knowledge and belief, the statement information is true, correct and complete.

Taxpayer's signature

Phone Number

Spouse's signature

Date (MM/DD/YY)

Federal Privacy Act Notice

Because we require you to provide us with a Social Security number, the Federal Privacy Act of 1974 requires us to inform you that providing us with your Social Security number is mandatory. Ohio Revised Code sections 5703.05, 5703.057 and 5747.08 authorize us to request this information. We need your Social Security number in order to administer this tax.

Mail to: Ohio Department of Taxation P.O. Box 182847 Columbus, OH 43218-2847