

INDIVIDUAL -
INCOME TAX RETURN
STRYKER



MAKE CHECK OR MONEY ORDER TO:
VILLAGE OF STRYKER

200 N DEFIANCE ST
P O BOX 404
STRYKER OH 43557-0404

Voice 419-682-6428 Fax 419-682-9402
E-mail PSTJOHN@MIDOHIO.TWCBC.COM

Taxpayer's Social Security No.	
Home Telephone No.	Business Telephone No.
Spouse's Social Security No.	
Spouse's Name	
Home Telephone No.	Business Telephone No.

Name _____
And _____
Address _____

Filing Status		IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES	
<input type="checkbox"/> Single	<input type="checkbox"/> RESIDENT	INTO	/ /
<input type="checkbox"/> Married filing joint	<input type="checkbox"/> NON-RESIDENT	OUT OF	/ /
<input type="checkbox"/> Married filing separate			
IF YOU RENT, PLEASE GIVE LANDLORDS INFORMATION			
NAME _____			
ADDRESS _____			

Income

1 Wages, salaries, tips, etc.	1	<input type="text"/>	
2 Other taxable income	2	<input type="text"/>	
3 Total taxable income (add lines 1 and 2)			3 <input type="text"/>

Tax and Credits

4 Stryker tax due before credits (1.500% of line 3)			4 <input type="text"/>
5 Estimated tax payments made to Stryker as of 01/27/2007	5	<input type="text"/>	
6 Taxes withheld and paid to Stryker	6	<input type="text"/>	
7 Overpayment from prior year(s)	7	<input type="text"/>	
8 Taxes withheld and paid to other localities	8	<input type="text"/>	
Credit cannot exceed 100.0 of tax withheld up to 1.00 of income earned in each location.			
9 Total credits (add lines 5 through 8)			9 <input type="text"/>

Refund (Issued if greater than \$1.00)

10 If line 9 is greater than line 4, subtract line 4 from line 9. This is the amount you overpaid			10 <input type="text"/>
11 Amount of line 10 to be credited to next years estimate	11	<input type="text"/>	
12 Amount of line 10 to be refunded	12	<input type="text"/>	

Tax Due (if greater than \$1.00)

13 If line 4 is more than line 9, subtract line 9 from 4, this is the tax amount you owe			13 <input type="text"/>
14 Penalties and interest Late File _____ Late Pay _____ Late Estimate _____ Interest _____			14 <input type="text"/>

Declaration of Estimate For

15 Estimated income	15	<input type="text"/>	
16 Estimated tax due. Multiply line 15 by 1.500%	16	<input type="text"/>	
17 Taxes to be withheld and paid to Stryker and other localities	17	<input type="text"/>	
18 Prior credit applied to estimated tax payments (From line 11)	18	<input type="text"/>	
19 Net estimated tax due (subtract line 17 and 18 from 16)	19	<input type="text"/>	
20 Minimum amount due for first quarter (multiply line 19 by 25%)	20	<input type="text"/>	

Amount You Owe

21 Total amount due (add lines 13, 14 and 20)			21 <input type="text"/>
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Tax Office Use Only : Tax Office Use Only : Tax Office Use Only

Taxpayer's Signature Date

Spouse's Signature Date

Tax Preparer's Signature Date

(If other than taxpayer) Phone No. _____