



1. Number of Taxable Employees	1	
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.	2	
3. MMMMMMMMMMMMMMMMM	3	
4. Taxable Earnings (line 2 minus 3).	4	
5. Actual Tax Withheld at 1.500 %.	5	
6. Adjustments of Tax for Prior Period.	6	
7. kkkkkkkk.	7	
8. llllllllll.	8	
9. Total (Include Interest and Penalty if Due).	9	

Name
 And
 Address

Tax Year

I hereby certify that the information and statements contained here in and in any schedules or exhibits attached are true and correct.

Signed _____

Title _____ Date _____

Phone # _____

**THIS RETURN MUST BE FILED ON
 OR BEFORE JULY 31, 2006**

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

Period Ending

TAX ID