FORM W1 797 6318392468 EMPLOYERS WITHHOLDING – MONTHLY 00001

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

Tax Year

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

Signed_____

Title _____ Date _____

Phone#_____

THIS RETURN MUST BE FILED ON OR BEFORE

MAKE CHECK OR MONEY ORDER TO:
Village of Stryker
200N Defiance St.
P O Box 404
Stryker Oh, 43557-0404
Voice 419-682-6428 Fax 419-682-9402

Name

Address

Period Ending

Tax ID

Notify income tax department promptly of any change in ownership or name and address

FORM Q1 797 7318751982 **RETURN WITH PAYMENT**
00001 **QUARTERLY ESTIMATE**

MAKE CHECK OR MONEY ORDER TO: Village of Stryker PAID CHECK WILL BE YOUR RECIEPT If receipt is desired, return both copies of this statement with a self-addressed stamp envelope. DO NOT REMIT CASH BY MAIL	**MAIL TO** ▶ Village of Stryker 200 N DEFIANCE ST P O BOX 404 STRYKER, OH 43557-0404 VOICE 419-682-6428 Fax 419-682-9402	**AMOUNT ENCLOSED $**_____ Check No. Quarter

ESTIMATED TAX DECLARED	TOTAL UNDERPAID ESTIMATED PENALTY	TOTAL AMOUNT CREDITED	AMOUNT OF UNPAID BALANCE	QUARTERLY INSTALLMENT DUE
			AMENDED ESTIMATED TAX	**DUE ON OR BEFORE**

Name

TAX ID

Address

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS SHOWN ABOVE.
IF THIS STATEMENT DOES NOT REFLECT PAYMENT RECENTLY MADE, PLEASE ADVISE – INCOME TAX OFFICE – PROMPTLY