

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

1		
2		
3		
4		
5		
6		
7		
8		
9		

Name

Address

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

200 N DEFIANCE ST.

P O BOX 404

STRYKER OH, 43557-0404

Voice 419-682-6428

Fax 419-682-9402

Period Ending

Tax ID

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