

**BUSINESS -
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
pstjohn@midohio.twcbc.com

Fiscal Period _____ to _____
Due Date

Federal ID# _____

Business Telephone No. _____

Principal Business Activity
NAICS Code _____

IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES

INTO / / OUT OF / /

CHECK ONE

CORPORATION ESTATE
 SOLE PROPRIETOR TRUST
 PARTNERSHIP FIDUCIARY
 S-CORPORATION
 OTHER _____

Name _____
And _____
Address _____

1 Total taxable income	1	
2 Adjustments (See Schedule X)	2	
3 Taxable income before allocation (Line 1 plus/minus lines 2)	3	
4 Allocation percentage (See Schedule Y)	4	%
5 Adjusted Net Income (Multiply line 3 by line 4)	5	
6 Allocable Net Loss Carry Forward - NOT ALLOWED	6	
7 Stryker Taxable income (Line 5 minus Line 6)	7	
8 Stryker income tax (Multiply line 7 by 1.500%)	8	
9 Credits applied from previous year(s) to this year's liability	9	
10 Estimates paid on this year's liability	10	
11 Other credits	11	
12 Total credits (Total line 9, 10 and 11)	12	
13 Tax due (If line 8 is greater than line 12, subtract line 12 from line 8) If greater than	13	
14 Penalty	14	
15 Interest	15	
16 Total due (Total line 13, 14 and 15)	16	
17 Overpayment (Issued if greater than)	17	
18 Amount to be refunded	18	
19 Amount to be credited to next year	19	

Declaration of Estimate For

20 Total estimated income subject to tax	20	
21 Estimated tax due. (Multiply line 20 by 1.500%)	21	
22 Less credits (from 19 above)	22	
23 Net estimated tax due (subtract line 22 from line 21)	23	
24 Minimum amount due for first quarter (Multiply line 23 by)	24	

Amount You Owe

25 Total amount due (add lines 16 and 24)	25	
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Tax Office Use Only : Tax Office Use Only : Tax Office Use Only

TaxPayer's Signature Date

Tax Preparer's Signature Date
(If other than taxpayer)

Phone No. _____