

**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
pstjohn@midohio.twcbc.com

Due Date!

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

Name _____
And _____
Address _____

Income

1 Wages, salaries, tips, etc. 1 []

2 Other taxable income 2 []

3 Total taxable income (add lines 1 and 2) 3 []

Tax and Credits

4 Stryker tax due before credits (1.500% of line 3) 4 []

5 Estimated tax payments made to Stryker as of 02/16/2014 5 []

6 Taxes withheld and paid to Stryker 6 []

7 Overpayment from prior year(s) 7 []

8 Taxes withheld and paid to other localities 8 []
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 []

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 []

11 Amount of line 10 to be credited to next years estimate 11 []

12 Amount of line 10 to be refunded 12 []

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 []

14 Penalties and interest **Late File** _____ **Late Pay** _____ **Late Estimate** _____ **Interest** _____ 14 []

Declaration of Estimate For

15 Estimated income 15 []

16 Estimated tax due. Multiply line 15 by 1.500% 16 []

17 Taxes to be withheld and paid to Stryker and other localities 17 []

18 Prior credit applied to estimated tax payments (From line 11) 18 []

19 Net estimated tax due (subtract line 17 and 18 from 16) 19 []

20 Minimum amount due for first quarter (multiply line 19 by 25%) 20 []

Amount You Owe

21 Total amount due (add lines 13, 14 and 20) 21 []

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. _____

May VILLAGE OF STRYKER discuss this return with the preparer shown above ___Yes ___No