

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 Ext Fax 419-682-9402
eclemens@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.
IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES	
INTO	/ /
OUT OF	/ /
IF YOU RENT, PLEASE GIVE LANDLORDS INFORMATION	
NAME _____	
ADDRESS _____	

Name
And
Address

Filing Status

Single
 Married filing joint
 Married filing separate

RESIDENT
 NON-RESIDENT

IF YOU HAVE MOVED DURING TAX YEAR - GIVE DATES

INTO / /
OUT OF / /

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 05/05/2017 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 10.00)

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 10.00)

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 2017

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 []

Last Five Tax Year(s) Not Filed Balance \$0.00

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. _____