



1. Number of Taxable Employees.....	1		
2. Total Salaries, Wages, Commissions and other Compensation paid all employees.....	2		
3. Taxable Earnings (from line 2).....	3		
4. Actual Tax Withheld at 0.000 %.....	4		
5. Adjustments of Tax for Prior Period.....	5		
6. Interest: 0.50% per month.....	6		
7. Penalty: 50%.....	7		
8. Total (Include Interest and Penalty if Due).....	8		

Tax Year 2023

I hereby certify that the information and statements contained here in and 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 Ext

Fax 419-682-9402

Name

And

Address

Period Ending

TAX ID

NOTIFY INCOME TAX DEPARTMENT PROMPTLY OF ANY CHANGE IN OWNERSHIP OR NAME AND ADDRESS.