

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

Name _____

And _____

Address _____

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 _____	

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

1	
2	
3	
4	%
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6	
7	
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12	
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16	
17	

Declaration of Estimate For

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

20	
21	
22	
23	
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
(If other than taxpayer)

Date _____

Phone No. _____

May VILLAGE OF STRYKER discuss this return with the preparer shown above ____ Yes ____ No

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