

**ST. LOUIS COUNTY
3.75% CONVENTION AND TOURISM TAX
SLEEPING ROOM SALES REPORT**

Name of Lodging Facility _____ Phone _____

Address of Facility _____ Email _____

_____ # of Sleeping Rooms _____

Operating Company's Name _____ Phone _____

Address _____ Email _____

State of Missouri Sales/Use Tax ID _____ FEIN _____

Reporting for the _____ Quarter, _____, dating from _____ to _____

Gross Total sleeping room sales	\$
Minus Exemptions (attach exemption form)	\$
Subtotal	\$
3.75% of Subtotal = Tax Amount Due	\$
Late Charges (if applicable)	\$
Total Amount Due	\$

Payment is due by the 20th day following the end of the calendar quarter.
Payments received more than 10 days after the due date, will incur late charges
of 1% Penalty and 2% Interest per month (RSMo 67.619)

I hereby certify that I have examined this form and the information provided is true and correct.

Name of Company

Printed Name of Owner, Officer or Authorized Agent

Signature/Date

If Corporate Officer, provide title

Subscribed and sworn to me this _____ day of _____

Notary Public My commission expires _____

Make check payable to 'St. Louis County Director of Revenue' and mail to: St. Louis County Division of Licenses
41 S. Central Avenue, 4th Floor
St. Louis, MO 63105
Return original and yellow copy with your remittance, and retain pink copy for your file.

Questions? 314/615-4218 or licensing@stlouisco.com

OFFICE USE ONLY 98% _____ 2% _____ Check #/Date _____