COMMON DOCUMENT NUMBER

DISTRICT

SUB DISTRICT

CITY OF SAINT LOUIS

GROSS RECEIPTS TAX REPORT: Restaurant

FOR QUARTER ENDING ON: _____

To be filed & paid by last day
of the month following the end of the quarter

DOCUMENT TYPE

L416902

CENTRAL BUSINESS INDEX

1. TRADE NAME
2. TRUE NAME
3. STRUCTURE ADDRESS
4. MAIL TO:
   - OWNER ☐
   - HDQTRS ☐
   - STRUCTURE ☐

5. FEDERAL ID / SS NO.
6. BUSINESS PHONE
7. FAX NUMBER
8. SALES / USE TAX NO.
9. TYPE ORGANIZATION ___IND ___PTN ___CORP
10. DATE BUSINESS STARTED IN ST. LOUIS CITY
11. BUSINESS TYPE
12. NO. OF EMPLOYEES

SPACE CODE 5810

Businesses that do not file and pay before the date printed above will be subject to CLOSURE for operating without a License.

THIS SPACE PROVIDED TO CORRECT ABOVE LINE ITEMS

MAIL TO ADDRESS IS
- OWNER ☐
- HDQTRS ☐
- STRUCTURE ☐

1. TRADE NAME
2. TRUE NAME
3. STRUCTURE ADDRESS
4. MAIL TO: NAME AND ADDRESS

5. FEDERAL ID /SS NO.
6. BUSINESS PHONE
7. FAX NUMBER
8. SALES / USE TAX NO.
9. TYPE ORGANIZATION
10. DATE BUSINESS STARTED
11. BUSINESS TYPE
12. NO. OF EMPLOYEES

REPORTED BY TAXPAYER

TOTAL GROSS RECEIPTS – FROM ALL SOURCES	
(EXCLUDE MO STATE SALES TAX COLLECTED)	
LESS TAX-EXEMPT SALES NON-ALCOHOL	
LESS ALCOHOLIC BEVERAGE SALES	
ADJUSTED GROSS RECEIPTS	
LESS EXEMPTION PROVIDED BY ORDINANCE	$2500.00
NET TAXABLE RECEIPTS	
MULTIPLY BY 1.5 PERCENT EQUALS TAX	
PENALTY – (UP TO 45% AFTER DUE DATE)	
TOTAL DUE – PAY WITH RETURN	

I HEREBY CERTIFY AS PROVIDED BY LAW THAT THE FOREGOING IS A TRUE STATEMENT. I FURTHER CERTIFY THAT THIS APPLICANT HAS PAID ALL REAL ESTATE TAXES, PERSONAL PROPERTY TAXES, EARNINGS TAXES, LICENSE TAXES, PERMITS AND CERTIFICATE FEES DUE AND PAYABLE TO THE CITY OF SAINT LOUIS AND THE STATE OF MISSOURI.

_____
(NAME OF FIRM)

_____
(SIGNATURE OF OFFICER, OWNER OR AUTHORIZED PERSON)

_____
(PRINT NAME AS SIGNED)

MAKE CHECKS PAYABLE TO: MICHAEL McMILLAN – LICENSE COLLECTOR

DO NOT USE THIS SPACE

FOR COMPTROLLER:	
CONTROL NO.	
DATE REC'D.	
BASIC TAX	
PENALTY _____ %	
TOTAL DUE	
CBI APPROVED	
DATE	

License Number

LIC. APPROVED _____

NOTATIONS:

Mail To: Michael McMillan
License Collector
P. O. Box 952027
St. Louis, MO 63195-2027

ET	PET	PPT	OCC	WC	SST	SIGN	BAL
OTHER	PRIOR	POLICE	CONT	ID	CREDIT		CHK