

CITY OF SAINT LOUIS
GROSS RECEIPTS TAX REPORT: Restaurant

L416902

FOR QUARTER ENDING ON: _____

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

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	_____
NET TAXABLE RECEIPTS	\$2500.00
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 78158
St. Louis, MO 63178-8158

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