

COMPTROLLER'S OFFICE
TAX VERIFICATION FORM

DATE _____

TO: **COLLECTOR OF REVENUE**
ROOM 410, CITY HALL

LICENSE COLLECTOR
ROOM 104, CITY HALL

FROM: DEPARTMENT St. Louis Development Corporation

ROOM NO./BUILDING 1520 Market St., Suite 2000 CITY CONTACT PERSON SLDC Grants

CITY CONTACT PERSON EMAIL SLDC-Grants@StLouis-MO.gov

CONTRACT INFORMATION

BUSINESS NAME _____

OCCUPATION/PROFESSION _____

BUSINESS ADDRESS _____ CITY _____ STATE _____ ZIP _____

F.I.D./S.S.N. _____ TELEPHONE NO. _____

TYPE OF CONTRACT SALES SERVICES BOTH

TYPE OF PRODUCT OR SERVICE _____

IF SERVICE RENDERED, PERFORMANCE WILL BE INSIDE CITY LIMITS OUTSIDE CITY LIMITS

DOES VENDOR DELIVER PRODUCT OR MAKE SALES/SERVICE CALLS IN THE CITY? YES NO

COLLECTOR OF REVENUE ROOM 410, CITY HALL

Date Received _____

TAX DELINQUENCIES

[] Earnings Tax Withholding _____
Year _____ Quarter _____

[] Annual E-234 _____
Year _____

[] Payroll Expense Tax _____
Year _____ Quarter _____

[] Reconciliation Report (W-3 Form) _____
Year _____

[] Personal Property Tax _____
Year _____

[] Not on current Earnings Tax Rolls.

[] Not on current Personal Property Tax Rolls.

[] **APPROVED** Date _____ By _____

[] **REJECTED** Date _____ By _____

LICENSE COLLECTOR ROOM 104, CITY HALL

Date Received _____

	Paid	Exempt	Delinquent	Needs License
Manufacturer's Tax				
Business License				
Other				

Remarks _____

APPROVED BY _____ (Please Sign)

REJECTED BY _____ (Please Sign)

Date _____

If Rejected: What department should the business owner follow up with? *(Please check all that apply below)*

- Assessor's Office (1200 Market St., Room 120 – 314.622.4050)
- License Collector's Office (1200 Market St., Room 104 – 314.622.4528)
- Building Division (1200 Market St., Room 426 – 314.622.3313)
- Health Department (1520 Market St., Room 4051 – 314.612.5100)
- Collector of Revenue (1200 Market St., Room 110 – 314.622.4111)
- State Office (<https://dor.mo.gov/>)
- Other (please specify) _____