



**ST. LOUIS COUNTY
3.5% CONVENTION AND SPORTS COMPLEX 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	\$ _____
3.5% 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 _____
 _____ My commission expires _____
 Notary Public

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 with your remittance and retain one copy for your file.

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

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