



St. Louis County Department of Revenue – Division of Licenses  
41 S. Central Avenue, Clayton, MO 63105 – Ph: 314. 615.5107

Questions? Please visit our [Customer Service Portal](#)

**3.5% Convention and Sports Complex Tax Sleeping Room Sales Report**  
Return this report with payment payable to ‘St. Louis County Director of Revenue’

Name of Owner/Corporation \_\_\_\_\_

Name of Business or dba \_\_\_\_\_

Address of Business \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Business Phone (incl. Area Code) \_\_\_\_\_ Number of Sleeping Rooms \_\_\_\_\_

Business Email/Website \_\_\_\_\_

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 20<sup>th</sup> 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.

Printed Name & Title of Owner/Partner/Managing Officer \_\_\_\_\_ Signature \_\_\_\_\_

Subscribed and sworn before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

My commission expires \_\_\_\_\_

Notary Public

**OFFICE USE ONLY:**  
98% \_\_\_\_\_ 2% \_\_\_\_\_ Check #/Date \_\_\_\_\_