



**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** XYZ Corporation  
**Name of Business or dba** J&J Hotel and Suites  
**Address of Business** 888 Clayton Rd., St. Louis, MO 63105  
**Mailing Address (if different)** 708 Clark St., Chicago, IL 60018  
**Business Phone (incl. Area Code)** 555-555-1234      **Number of Sleeping Rooms** 100  
**Business Email/Website** j&jxzyhotel@gmail.com/J&Jxzyhotels.com  
**State of Missouri Sales/Use Tax ID** 1234578      **FEIN** 24-1234567  
**Reporting for the** 3rd Quarter, 2024, dating from July 1, 2024 to September 30, 2024

<b>Gross Total Sleeping Room Sales</b>	\$250,000.00
<b>Minus Exemptions</b> (attach exemption form)	\$20,000.00
<b>Subtotal</b>	\$230,000.00
<b>3.5% of Subtotal = Tax Amount Due</b>	\$8,050.00
<b>Late Charges</b> (if applicable - please refer to instructions about how to calculate)	\$241.50
<b>Total Amount Due</b>	\$8,291.50

**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.**

**Jay Smith, Manager**      Must be signed in front of Notary  
**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 \_\_\_\_\_