

City of St. Joseph Hotel/Motel Gross Receipts Tax

Report for
Quarter Ending _____

Business Name: _____

Mailing Address: _____

Total Gross Receipts For
Quarter Ending:

Mar	31, 20	___	<input type="text"/>	
June	30, 20	___	<input type="text"/>	
Sept	30, 20	___	<input type="text"/>	
Dec	31, 20	___	<input type="text"/>	

Tax Rate @ 3% 0.03

Please Insert Current Ownership Information

Owner Type Sole Proprietorship Partnership Corporation	Name of Owner/Officers _____ _____ _____
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Tax Due

Penalty
 Late fee 10%-1st month and 2% for each month thereafter.

Total Tax Payment

I, _____, the (title) _____ of the above business, certify that the statements made in this remittance are true to the best of my information and belief.

Signature _____

Date _____

* Please Note - Checks should be made payable to: City of St. Joseph, 1100 Frederick, Room 107, St. Joseph, MO 64501.
 All payments must be received by the 30th of the month after quarter end. Form, when validated by Financial Services, becomes your receipt.

If you have any questions, please call (816) 271-4756 or (816) 271-4828.

