

# St. Charles County Collector of Revenue

201 North Second Street St. Charles Missouri 63301 • Phone: 636-949-7470

## ON BEHALF OF THE St. Charles County Convention and Sports Facilities Authority

### SLEEPING ROOM SALES REPORT

State of Missouri Sales/Use Tax Number

Federal Employer Identification Number

Phone No. of Facility

Name of Facility

Address of Facility

No. of Rooms in Facility

Legal Name and Address of Facility Owner

Phone No.

Legal Name and Address of party operating this Facility  
(if different than above)

Phone No.

For the time period of \_\_\_\_\_ thru \_\_\_\_\_

1. Gross Sleeping Room Sales (excluding sales tax) 1) \$ \_\_\_\_\_

2. Multiply Line 1 by 5% 2) \$

#### **PAYMENT OF LINE 2 AMOUNT DUE BY 20<sup>TH</sup> DAY FOLLOWING THE END OF THE CALENDAR QUARTER**

#### **LATE PAYMENTS NEED TO INCLUDE 1% PENALTY and 2% INTEREST PER MONTH per Section 67.1158 RSMo**

Penalty and Interest is a cumulative calculation. First month late: penalty and interest is 3% of amount owed (line 2).

Second month late: penalty and interest is 3% of the new total outstanding amount (line 2 plus first month's penalty/interest) and so on.

#### **MAKE CHECK PAYABLE TO and mail to:**

St. Charles County Collector  
201 North 2<sup>nd</sup> Street  
St. Charles MO 63301  
Phone: 636-949-7470

Number of months late \_\_\_\_\_

Amount of Late Penalty/Interest \$ \_\_\_\_\_

**Total Amount Due/Paid** \$

I hereby certify that I have examined this form and to the best of my knowledge believe that the information provided is true and correct.

Submitted by Signature \_\_\_\_\_

Date \_\_\_\_\_

Printed Name, Title \_\_\_\_\_

#### **\*\*\* OFFICE USE ONLY \*\*\***

Check # \_\_\_\_\_ Check Date \_\_\_\_\_

Amount \_\_\_\_\_

Account Code \_\_\_\_\_

Received By \_\_\_\_\_

**SUMBIT FORM IN DUPLICATE – RETAIN A COPY FOR YOUR FILE**