



HOTEL/MOTEL GROSS RECEIPTS TAX

Report for Quarter Ending:

March 31 (1st quarter)

June 30 (2nd quarter)

September 30 (3rd quarter)

December 31 (4th quarter)

Business Name _____

Mailing Address _____

City _____

State _____

Zip _____

Phone Number _____

Type of Ownership:

Sole Proprietorship

Partnership

Limited Liability Corporation (LLC)

Corporation

TAX COMPUTATION:

Total Gross Receipts for this Quarter: \$ _____

Tax Rate: _____ 6% _____

Tax Due: *(3% of Gross Receipts)* \$ _____

Penalty: *(Late fee 10% for 1st month, and 2% for each month thereafter)* \$ _____

Total Tax Payment: \$ _____

Name of Owner/Officers _____

Additional Owner/Officers _____

Additional Owner/Officers _____

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

Your Signature: _____ Date: _____

PLEASE NOTE: Checks should be made payable to: *City of St. Joseph* Mailed to: 1100 Frederick, Room 107, St. Joseph, MO 64501 All payments MUST be received by the 30th of the month after the quarter end. This form, when validated by Financial Services, becomes your receipt. If you have questions, please call (816) 271-4756 or (816) 271-4828.