

COLLECTOR OF REVENUE - CITY OF ST. LOUIS - APPLICATION FOR EARNINGS TAX ACCOUNT

Please type or print - send to Gregory F.X. Daly, Collector of Revenue, 1200 Market Street, Room 410, St. Louis, MO 63103

Federal Employer ID Number or Social Security Number		Type of Organization: (Not for profit must supply copy of exemption certificate) <input type="checkbox"/> Individual Business or Professional Person <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Not for Profit <input type="checkbox"/> Estate <input type="checkbox"/> Other (specify) _____	
True Name		Reason for applying: (check one) <input type="checkbox"/> New Business <input type="checkbox"/> Purchased Business <input type="checkbox"/> Withholding for City Resident Only <input type="checkbox"/> Other (Specify) _____	
Trade Name (Enter name if different than line above)			
Address of Principal Place of Business		City, State, Zip Code	Telephone Number ()
Local Address (If different than above)		City, State, Zip Code	Local Telephone Number (If Different) ()
Date acquired or started within the city of St. Louis:	First date wages are to be paid:	<input type="checkbox"/> Calendar Year <input type="checkbox"/> Fiscal Year Ending _____	Type of Business
Have you ever applied for an Earnings Tax Account for this or any other business? <input type="checkbox"/> Yes <input type="checkbox"/> No (if Yes, enter FIDN or name) _____		Print or Type Name of Owner / Partner / Officer	Title
Date	Signature	Social Security Number	OFFICE USE ONLY: Approved by _____ Date _____

List All Partners or Corporate Officers (Attach list if necessary)		OFFICE USE ONLY
Name (Last, First, MI)	Title	
Home Address	City, State, Zip	
Social Security Number	Home Telephone Number	
Name	Title	
Home Address	City, State, Zip	
Social Security Number	Home Telephone Number	
Name	Title	
Home Address	City, State, Zip	
Social Security Number	Home Telephone Number	
Name	Title	
Home Address	City, State, Zip	
Social Security Number	Home Telephone Number	
Name	Title	
Home Address	City, State, Zip	
Social Security Number	Home Telephone Number	

ALL INFORMATION SUBJECT TO VERIFICATION