



CITY OF ST. LOUIS EARNINGS TAX RETURN

CALENDAR YEAR 2014

TAXABLE YEAR BEGINNING AND ENDING

FOR OFFICE USE ONLY

TYPE OF RETURN: DAYTIME TELEPHONE #: FEIN OR SSN #: PRINCIPAL BUSINESS ACTIVITY: E-MAIL:

- Check applicable boxes: (1) Due month change (2) Amended return (3) Change in address (4) Account terminated

DATE & REASON (REQUIRED):

TO WHOM SOLD OR TRANSFERRED:

ADDRESS OF NEW OWNER:

Table with 2 columns: VERIFIED BY, AUDITED BY

PLEASE PRINT YOUR NAME AND ADDRESS IN THE SPACE ABOVE IF NOT ALREADY PROVIDED. Please see the instruction sheet for additional information.

SECTION A - NET PROFIT. Table with 3 columns: Description, Amount, Round to Nearest Whole Dollar

SECTION B - NET PROFIT BY ALLOCATION (From Section B Worksheet, on back). Table with 3 columns: Description, Amount, %

SECTION C - COMPUTATION OF TAX. Table with 3 columns: Description, Amount, %

Pursuant to the Revised Code of the City of St. Louis, § 5.22.100, the Collector of Revenue or his duly authorized agent has the authority to audit the facilities or tax returns of an employer or taxpayer. I declare this return has been examined by me and is true, correct and complete to the best of my knowledge and belief.

The City of St. Louis requires all extension requests to be filed on Form E-8 (see instructions). An estimated payment of 100% of the tax due is required with your extension request.

Signature lines for Taxpayer, Preparer, and E-Mail Address

Please mail all returns and payments to:

GREGORY F.X. DALY COLLECTOR OF REVENUE 1200 MARKET STREET, ROOM 410 ST. LOUIS, MO 63103-2841

WEBSITE: www.stlouiscollector.com

Telephone: (314) 622-4248 Fax: (314) 622-4847

SECTION A-1 - BUSINESS EXPENSE DEDUCTIONS

ITEM	AMOUNT	ITEM	AMOUNT
1. Car and Truck Expense		8. Rent	
2. Commissions		9. Repairs	
3. Depreciation		10. Taxes (Except Federal, State and Local Income Taxes)	
4. Dues and Publications		11. Utilities and Telephone	
5. Insurance		12. Wages and Salaries	
6. Legal and Professional		13. Other Deductions (attach list)	
7. Office Expense and Supplies		Total – Enter on line 6, Section A	

SECTION A-2 - INFORMATIONAL DISBURSEMENT (Print N/A if Not Applicable)

TO WHOM PAID			FEIN/SSN	Total Amount Paid	Amount or Percent Earned Within the City
Name	Address	City, State, Zip			

(Please attach additional sheets as necessary.)

SECTION B WORKSHEET - BUSINESS ALLOCATION OF TAXABLE NET PROFIT

All applicable fields must be completed. Please attach a list of all business locations.		Within & Without St. Louis	Within St. Louis	Percentage Within St. Louis
1.	(a) Average Value of Real and Tangible Personal Property, including inventory.			
	(b) Gross Receipts			
	(c) Wages & Salaries (except Officers)			
			Total Percentage %	
2.	ALLOCATION PERCENTAGE: Total of Percentages divided by number of factors used _____ % . Enter this percent on line 8a, Section B.			

SECTION B-1 - PARTNER'S SHARE OF NET PROFIT

Non-resident partners use the allocation % from Section B. Partners who are residents of St. Louis are subject to tax on their full share of the net profit and cannot allocate.

List Partners Below		Share of Net Profit		Allocation Percentage	Taxable Income
Name	FEIN/SSN				
Home Address	Zip				
Name	FEIN/SSN				
Home Address	Zip				

(Attach list if necessary)

Enter total "Taxable Income" on line 9, Section C →

SECTION C-1 - PAYROLL EXPENSE TAX CREDIT

- Did you pay the Payroll Expense Tax on Form P-10? Yes (Proceed to line 2) No (P-10 credit does not apply)
- Total quarterly Payroll Expense Tax paid from line 3, Form P-10.
1st Qtr. _____ + 2nd Qtr. _____ + 3rd Qtr. _____ + 4th Qtr. _____ = _____
- Line 2 x 20 % = _____
- Tax amount due from line 10, Section C (reverse side) _____ x 25 % = _____
- Smaller of lines 3 and 4 (Please enter this amount on line 11, Section C) = _____