(Rev 10/09)

Form E-6
COLLECTOR OF REVENUE
CITY OF ST. LOUIS

NOT - FOR - PROFIT ORGANIZATIONS
INFORMATIONAL DISBURSEMENT REPORT
CALENDAR YEAR 2009

(1) Telephone No.

(2) Fed. E.I. No. or Soc. Sec. No.

PAYMENT CODES FOR INFORMATIONAL REPORT

NOTE: You must assign a code number to the payments reported when they apply:
(**CODE 1:** Sub or Independent Contractor) (**CODE 2:** Professional Fee) (**CODE 3:** Director's Fee) (**CODE 4:** Management Fee)
(**CODE 5:** Consulting Fee) (**CODE 6:** Equipment Leasing) (**CODE 7:** Entertainment) (**CODE 8:** Commission/Bonus) (**CODE 9:** Legal Fees)

PLEASE PRINT YOUR NAME AND ADDRESS IN THE SPACE BELOW

Return this form on or before March 1, 2010 to:
Earnings Tax Division
410 City Hall
1200 Market St.
St. Louis, MO 63103-2841

Date:

Audited By:

OFFICE USE ONLY

(A) TO WHOM PAID Name Address City, State, Zip	(B) FEIN/SSN	(C) Code No.	(D) Total Amount Paid	(E) Amount or Percent Earned Within City	**OFFICE USE ONLY**
(Attach extra sheets if necessary)					

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 facilities or tax returns of an employer or taxpayer subject to this section of the Tax Code.
I declare this return has been examined by me and is true, correct and complete to the best of my knowledge and belief.

(Date) (Signature) (Typed or Printed Name) (Title)

WHAT MUST BE REPORTED

DO NOT REPORT W-2 WAGES OR SALARIES ON THIS FORM.
DO NOT REPORT PAYMENTS OF YOUR BASIC BUSINESS EXPENSES SUCH AS UTILITIES, OFFICE SUPPLIES OR RAW MATERIALS, ETC.

I. THIS FORM MUST BE COMPLETED IF YOU:
   A. Made payments to any individual, partnership or corporation, resident or non-resident for:
      1. Sub or Independent Contracting
      2. Professional Fees
      3. Directors Fees
      4. Management Fees
      5. Consulting Fees
      6. Equipment Leasing
      7. Entertainment
      8. Commissions or Bonuses
      9. Legal Fees

      that they performed for you **within** the City of St. Louis, on which the Earnings Tax was not **withheld.**

   B. Made any payments to a **city resident** (individual, partnership or corporation) for any work, service or other activity they performed for you **outside** the City of St. Louis.

   C. Made payments to any booking agent, promoter, entertainer, entertainment act or group, including theatrical performances for work or services rendered by them within the City of St. Louis.

II. Only report payments of $1,000.00 or more.

III. If you **did not** make any of the above payments, write **NONE** on the form and return the form to our office.

INSTRUCTIONS

1. Complete boxes 1, 2. Show telephone number where you can be reached between 8:00 a.m. and 5:00 p.m.
2. In **Column A** (To Whom paid) show complete name, address, city, state and zip code of who you paid. In **Column B** (FEIN/SSN) show the Federal Employer Identification Number or the Social Security Number, if known, of who was paid. In **Column C** (Code No.) show the applicable code number which would best describe the type of payment made. In **Column D** (Total amount paid) show the total amount paid, and in **Column E** (Amount or percent earned within city) show the amount or a percent (%) of Column D that you estimate applies to work performed within the City.
3. If you issue Form 1099-MISC, you **may** elect to attach **legible** copies of the 1099's; however, you must note on each 1099 the amount or percent applicable to the city and the applicable code number. Also list all **CORPORATIONS** not issued a Form 1099-MISC.
4. Date, sign and print your name in space provided.
5. This form will be returned to you if not properly completed.
6. The Schedule G (like the 1099-MISC) is based on Calendar year payments. Return this form on or before March 1, 2010 to:

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

WEBSITE ADDRESS: www.stlouiscollector.com

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