

**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 St., 410 City Hall, St. Louis, MO 63103

Federal Employer ID No. 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) _____		
Name (As distinguished from TRADE name. If Corporation or Partnership, complete back of this application)		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 No. (Include Area Code)
Address in St. Louis (If different than above)		City, State, Zip Code		St. Louis Tel. No. (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 number or name)		Print or Type Name of Owner, Partner, Officer		Title
Date	Signature of Owner, Partner, Officer	Your Social Security Number	<b>OFFICE USE ONLY:</b> Approved by _____ Date _____	

List All Partners or Corporate Officers (Attach list if necessary)	OFFICE USE ONLY
Name (Last, First, Initial)	Title
Home Address	City, State, Zip
Social Security Number	Home Telephone No.
Name	Title
Home Address	City, State, Zip
Social Security Number	Home Telephone No.
Name	Title
Home Address	City, State, Zip
Social Security Number	Home Telephone No.
Name	Title
Home Address	City, State, Zip
Social Security Number	Home Telephone No.
Name	Title
Home Address	City, State, Zip
Social Security Number	Home Telephone No.

ALL INFORMATION SUBJECT TO VERIFICATION