

Form E-234

(Rev. 11/11)

**CITY OF ST. LOUIS, MO
EARNINGS TAX RETURN**

CALENDAR
YEAR

2011

TAXABLE YEAR BEGINNING _____ AND ENDING _____

TYPE OF RETURN: _____ DAYTIME TELEPHONE #: _____
 _____ FEDERAL E.I. or SOCIAL SECURITY #: _____
 _____ PARTNERSHIP (LLC)(E-3) _____ PRINCIPAL BUSINESS ACTIVITY: _____
 _____ CORPORATION (LLC, Sub S or C)(E-4) _____ 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: _____

VERIFIED BY	AUDITED BY
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PLEASE PRINT YOUR NAME AND ADDRESS IN THE SPACE ABOVE

SECTION A - NET PROFIT (Or Loss) (See Instruction Sheet)

ROUND TO NEAREST WHOLE DOLLAR

1. Gross Receipts or Transactions, less Returns and Allowances	1	\$	00
2. Cost of goods sold (attach schedule)	2	\$	00
3. Gross Profit (Subtract line 2 from line 1)	3	\$	00
4. Other Income (or Loss) (attach schedule)	4	\$	00
5. Total Gross Profit (Add lines 3 and 4)	5	\$	00
6. Business Expenses (Use Section A-1, on back or Separate Schedule)	6	\$	00
7. Net Profit (or Loss) (Subtract line 6 from line 5)	7	\$	00

SECTION B - NET PROFIT BY ALLOCATION (From Section B Worksheet, on back)

8. (a) Allocation percent (line 2)	8a		%
(b) Net Profit by allocation (line 7 Multiplied by line 8a)	b	\$	00

SECTION C - COMPUTATION OF TAX (See Instruction Sheet)

9. Taxable Net Profit (Section A, line 7, Section B, line 8b or Total of Column 3, Section B-1.)	9	\$	00
10. Earnings Tax Due (1% of line 9) (No Tax Due if less than \$1.00)	10	\$	00
11. Payroll Expense Tax Credit (if applicable, Section C-1 on back must be completed for credit)	11	\$	00
12. Net Earnings Tax Due (line 10 Minus line 11) (No Tax Due if less than \$1.00)	12	\$	00
13. Less Extension payment and pre-payments (if applicable)	13	\$	00
14. Subtotal (line 12 Minus line 13)	14	\$	00
15. Penalty (see instructions)	15	\$	00
16. Interest (see instructions)	16	\$	00
17. Amount Due or Refund (No Refund if under \$1.00)	17	\$	00

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)
(Signature of preparer other than taxpayer)	(FEIN/SSN of preparer)	(Address, City, State, Zip)	
(Preparer Telephone #)	(E-Mail Address)		

Obtaining a Federal Extension does not automatically give you a St. Louis extension. A separate extension request needs to be filed on Form E-8 (see instruction sheet). This does not extend your time to pay.

**MAKE CHECKS PAYABLE TO:
GREGORY F.X. DALY, COLLECTOR OF REVENUE**

MAIL 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

