ST. LOUIS UNIVERSITY CLAIM FOR REFUND OF ST. LOUIS EARNINGS TAX WITHHELD FROM SALARY

MAIL ORIGINA	L FORM TO:	Payroll Services Attn: John Winkler 3545 Lindell Blvd. St. Louis, MO 63103
FROM:	Name	
	Address	
	City, State, Zip	
	Banner ID Num	ber (nine digits)

I hereby certify that I am not a resident of the City of St. Louis.

It is requested that I be given a refund of _____ % (percent) of the total amount of St. Louis Earnings Tax withheld from my salary during the period from _____ (cannot be prior to the beginning of the current calendar year) to ______ for that portion of my employment outside the City of St. Louis. I further request that my records be made exempt from City Withholding from this date forward. Should my status change, I move into the City Limits of St. Louis or my job location is moved to within the City Limits of St. Louis, I understand that is my responsibility to notify Payroll Services so that City Earnings Tax can be withheld from my paychecks. Refunds for prior calendar years must be requested from the City of St. Louis Earnings Tax Division (http://stlcin.missouri.org/collector/earnings-tax-forms-info.cfm).

Physical Address of Work Location_____

Reason for Exemption Request

Refund requests will not be processed if any fields are left blank.

Earnings Tax as follows:

-resident individuals

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