



LOCAL HOSPITALITY TAX FEE REMITTANCE FORM

Reference Ordinance 2012.013, Municipal Code 110.050 Municipal Hospitality Tax
(State Sales and Use Tax Return, Form ST-3, must accompany Hospitality Tax Remittance Form)

Business Name & Mailing Address:

Federal I.D. _____

SC Retail Tax # _____

THIS RETURN REPORTS FOR

_____ MONTH _____ YEAR

Computation of Hospitality Tax Fee:

Gross Proceeds of Sales Covered by Hospitality Tax Fee

Balance Due: (Line 1 multiplied by 2%)

Penalty (5% if not received by 21st day of the following Month)

Total Hospitality Tax and Penalty Due

IMPORTANT:

THIS RETURN COVERS THE REPORTING PERIOD LISTED ABOVE AND BECOMES DELINQUENT ON THE 21ST DAY OF THE FOLLOWING MONTH. ANY TAX NOT RECEIVED BY THE TOWN BY THE 21ST DAY OF THE FOLLOWING MONTH SHALL BE SUBJECT TO A LATE PENALTY OF 5% OF THE SUM OWED AND SHALL CONTINUE TO INCUR A MONTHLY PENALTY OF FIVE (5%) PERCENT IF NOT RECEIVED BY THE 21ST DAY OF EACH AND EVERY MONTH THEREAFTER UNTIL PAID IN FULL.

I hereby certify that I have examined this remittance form and, to the best of my knowledge, it is true and correct.

Signature

Title

Date

Mail to: Town of Blythewood
P. O. Box 1004
Blythewood, SC 29016

FOR OFFICIAL USE ONLY

Payment Received