



LOCAL HOSPITALITY TAX

REPORTING & COMPUTATION FORM

Year: _____ Reporting Period: _____ Monthly: _____ Quarterly _____ Annually _____

Month: January February March April May June July August September

October November December. : Special Event (Please check one)

Business Names: _____

Mailing Address: _____ Tax Identification#: _____

Computation of Local Hospitality Taxes Due to Town of South Congaree: _____

1. Gross Sales of Food and/or Beverages	1.
2. Computation of 2% Local Hospitality Tax (Line 1 x .02)	2.
3. Penalty if remitting after the 20th of month (Line 2 x. OS*)	3.
TOTAL HOSPITALITY TAXES DUE	4.

Please Note: This return covers the period through the last day of the month and becomes delinquent on the 21st day of the following month.

*PENTALY: A penalty of five percent (5%) applies to any remittance postmarked after the 20th of the month unless the 20th falls on a weekend. In this situation, it is due the following business day.

NOTICE: PLEASE ATTACH A COPY OF YOUR STATE SALES TAX RETURN (ST-3) WITH YOUR REMITTANCE.

<chrome-extension://efaidnbnmnnibpcajpcglclefindmkaj/https://dor.sc.gov/forms-site/Forms/ST388.pdf>

For Special Events, attach a copy of your sales receipt final.

I certify that all information on this form, including any documents, is a true and accurate report.

Signature: _____ Print Name: _____

Date: _____ Telephone #: _____

Owners Name: _____

Owners Address: _____

Owners Phone: _____ E-mail: _____

Please briefly categorize your business: _____

(Examples: Bar and Grill; Cafe; Convenience Store; Steak House; Fast Food; Ethnic; Subs; Grocery; Pizza; BBQ, Family Restaurant; etc.)