HOSPITALITY REMITTANCE
REPORTING FORM

Name and Address of Business: Filing Period: Month_____ Year_____

_____ F.E.I. or S.S. #_____

_____ Contact Name_____

_____ Contact Phone_____

COMPUTATION OF HOSPITALITY AMOUNT DUE

1. Hospitality Fee/Tax $_____x .02 $_____

2. Plus Penalty on Delinquencies**$_____x_____x .05 +_____
   Line 1 # of months late

3. **TOTAL AMOUNT DUE** =**$**_____

This return covers the period through the last day of the month and becomes delinquent after the 20th day of the following month.

In those months that the 20th day of the month falls on a weekend or Town holiday, the deadline will be on the next business day for the Town of Pendleton.

**PENALTY on delinquencies – a penalty of 5% (.05) for each month or portion thereof after the due date until paid.

I certify that all of the information stated above is true and accurate to the best of my knowledge and belief. I understand that the Town of Pendleton assesses penalties for making false or fraudulent statements on this reporting form.

Filed By:_____ **Date:**_____

Return to: Town of Pendleton, Clerk/Treasurer, 310 Greenville St. Pendleton, SC 29670

Please remit a copy of your South Carolina State Sales and Use Tax Return (ST-3) along with this form

Revised 5/5/2006