

# 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 \$ \_\_\_\_\_  
*Gross Taxable Sales*
2. Plus Penalty on Delinquencies\*\* \$ \_\_\_\_\_ x .05 + \_\_\_\_\_
3. TOTAL AMOUNT DUE = \$ \_\_\_\_\_

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

**PLEASE TURN OVER TO COMPLETE**

Revised 1/5/2012

In those months that the 20<sup>th</sup> 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**