HOSPITALITY FEE

CITY OF SIMPSONVILLE
118 N.E. MAIN ST.
SIMPSONVILLE, SC 29681
864-967-9526

Business Name	Business Address	Contact Person

Retail License Number or Tax Registration Number	EIN OR SSN	Contact Phone #

IMPORTANT: This return covers the period through the last day of the Month and becomes DELINQUENT on the 21st day of the following month.

1. Gross proceeds derived from sales of prepared foods and beverages _____
2. Tax Rate 2% _____
3. Total Tax Due _____
4. PENALTY OF 1.5% PER MONTH OUTSTANDING, PLUS $500.00 ADMINISTRATION FEE. _____
5. Total Due (Add line 3 & 4) _____

This return report Local Hospitality for the month of _____

I hereby certify that I have examined this return and to the best of my knowledge and belief it is A true and complete return

Taxpayer Signature _____ Owner, Partner or Title _____

Date _____