



HOSPITALITY FEE

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

Business Name	Business Address	Contact Person
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Retail License Number or Tax Registration Number	EIN OR SSN	Contact Phone #
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IMPORTANT: This return covers the period through the last day of the Month and becomes **DELINQUENT on the 21st** on the following month. See line four

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 _____