



TOWN OF HEMINGWAY

HOSPITALITY FEE Monthly Reporting Form

Month Ending _____

Mail To: Town of Hemingway, Hospitality Fee, P.O. Box 968, Hemingway, SC 29554

Name and Address of Business: _____
Filing Period: Month _____ Year _____
F.E.I. or S.S. #: _____
Contact Name: _____
Contact Phone: _____

HOSPITALITY FEE COMPUTATION

- | | |
|--|-------------|
| 1. Gross proceeds for all prepared food or beverages. | 1. _____ |
| 2. Fee (line 1 x 2% (.02)) | 2% 2. _____ |
| 3. Taxpayer's Discount (@% (.02) of line 2)(For timely filed returns only) | 3. _____ |
| 4. Hospitality Fee Net Amount Payable (Line 2 minus line 3) | 4. _____ |
| 5. Penalty on Delinquent Fees
(5%)(.05) of the unpaid fee for each month or portion
After due date until paid. | 5. _____ |
| 6. Total Hospitality Fee Due (Add Lines 4 and 5) | 6. _____ |

IMPORTANT: This return becomes **DELINQUENT** if it is postmarked after the 25th day following the close of the period.

REMINDER: Sign and date the return below. Attach copy, both front and back of SC Department of Revenue State Sales and Use Tax Return, Form ST-3

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

Signature _____ Date: _____

Owner, Partner or Title: _____