



CITY OF HARTSVILLE

**HOSPITALITY FEE
Monthly Reporting Form**

Month Ending _____

Mail To: City of Hartsville, Hospitality Fee, P.O. Drawer 2497, Hartsville, SC 29551-2497

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

HOSPITALITY FEE COMPUTATION

Gross proceeds of Sales, Rentals and Withdrawals for Own Use, (include Food Sales) (From ATTACHED SC Department of Revenue State Sales and Use Tax Return Form ST-3 Line 1)		1. _____
Hospitallity Fee Allowable Exclusions (Itemized by Type of Exclusion and Amount of Exclusion)		
Column A Type of Exclusion	Column B Amount of Exclusion	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
Total Amount of Exclusions (Total Column B)		2. _____
3. Adjusted Net Taxable Sales (Line 1 minus line 2)		3. _____
4. Fee (Line 3 x 2% (.02))		2% 4. _____
5. Taxpayer's Discount (For timely filed returns only) (2% (.02) of line 4)		5. _____
6. Hospitallity Fee Net Amount Payable (Line 4 minus line 5)		6. _____
7. Penalty on Delinquent Fees (10%) (.10) of the unpaid fee for each month or portion after due date until paid		7. _____
8. Total Hospitallity Fee Due (Add lines 6 and 7)		8. _____

IMPORTANT: This return becomes **DELINQUENT** if it is postmarked after the 20th 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 City of Hartsville assesses penalties for making false or fraudulent statements on this reporting form.**

Signature: _____ Date: _____

Owner, Partner or Title: _____