



CITY OF FLORENCE, SC

HOSPITALITY FEE

Monthly Reporting Form

Mail to: City of Florence, Hospitality Fee Section - 4th Floor, 324 W. Evans St., Florence, SC 29501

Business Name and Mailing Address: _____ _____ _____ _____	Filing Period: Month _____ Year _____ Location Address: _____ Contact Name: _____ Contact Number: _____ Contact Email: _____
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HOSPITALITY FEE COMPUTATION

1. Gross proceeds of Sales, Rentals, and Withdrawals for Own Use, (including Food Sales) (From ATTACHED SC Department of Revenue State Sales and Use Tax Form ST-3, Line 1)	1.	\$ _____
2. Hospitality Fee Allowable Exclusions (Itemized by Type and Amount)		
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. Less Taxpayer's Discount (For timely filed returns only) (2% (.02) of line 4)		5. < \$ _____ >
6. Hospitality 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 Hospitality 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 Florence assesses penalties for making false or fraudulent statements on this reporting form.

Signature: _____ Date: _____

Title: _____