



CITY OF FLORENCE, SC

HOSPITALITY FEE Monthly Reporting Form

Mail to: City of Florence, Hospitality Fee Section, City-County Complex BB, 180 N. Irby Street, Florence, SC 29501-3456

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 of Sales, Rentals and Withdrawals for Own Use, (including Food Sales) (From **ATTACHED** SC Department of Revenue State Sales and Use Tax Return 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: _____