



CITY OF FLORENCE, SC

HOSPITALITY FEE Monthly Reporting Form

Mail to: City of Florence, Hospitality Fee Section, Finance Department, 324 W. Evans Street, Florence, SC 29501-3430

Name and Address of Business	Filing Period: Month _____ Year _____
_____	Location Address: _____
_____	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: _____