



LOCAL HOSPITALITY TAX REPORTING & COMPUTATION FORM

Year: _____

Reporting Period: Monthly Quarterly Annually
(Please check one)

Month: Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec
(Please check one)

Business Name: _____

Mailing Address: _____

Hospitality Tax Registration#: _____

Computation of Local Hospitality Taxes Due to Spartanburg County:

1. Gross Sales of Food and/or Beverages	1.
2. Computation of 2% Local Hospitality Tax (Line 1 x .02)	2.
3. Penalty if remitting after the 20 th of month (Line 2 x .05*)	3.
TOTAL LOCAL HOSPITALITY TAXES DUE	\$

Please Note: This return covers the period through the last day of the month and becomes delinquent on the 21st day of the following month.

***PENALTY:** A penalty of five percent (5%) of the unremitted fees applies for each calendar month or portion thereof after the due date until paid.

I certify that all information on this form, including any attachments, is a true and accurate report.

Signature: _____

Name of Person Completing Form: _____

Date: _____

Telephone Number: _____

PLEASE MAKE CHECKS PAYABLE TO:
SPARTANBURG COUNTY, P. O. Box 5666, Spartanburg, SC 29304
Phone: (864) 596-3397 • Fax: (864) 562-4050