TOWN OF CAMPOBELLO  
208 N. MAIN STREET  
P.O. BOX 9  
CAMPOBELLO, SC 29322  
864-468-4545

LOCAL HOSPITALITY TAX  
MONTHLY REPORTING FORM  

Month of __________ Year __________

Business Name: __________________________________________

Street Address: __________________________________________

Mailing Address: __________________________________________

Fed ID or SS#: __________________________________________

Computation of Local Hospitality Tax due to the Town:

1. Gross proceeds from sale of food/beverages  1. _______________
2. Computation of 2% Local Hospitality Tax  2. _______________
3. Penalty if remitting after 20th of month (Line 2 x 5%)  3. _______________
4. Total Local Hospitality Tax due to Town  4. _______________

This return covers the period through the last day of the month and becomes delinquent on the 21st day of the following month. 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 hereby certify that I have examined this return and to the best of my knowledge and belief, it is a true and accurate return.

________________________  ______________________________
Signature of Owner/Partner  Name of person completing form

________________________  ______________________________
Date  Telephone Number