

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 20 th 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