** TOWN OF HEMINGWAY**

HOSPITALITY FEE Month Ending  
 Monthly Reporting Form \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mail To:** Town of Hemingway, Hospitality Fee, P.O. Box 968, Hemingway, SC 29554

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| 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 for all prepared food or beverages. 1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Fee (line 1 x 2% (.02)) 2% 2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Taxpayer’s Discount (@% (.02) of line 2)(For timely filed returns only 3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. Hospitality Fee Net Amount Payable (Line 2 minus line 3) 4. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 5. Penalty on Delinquent Fees 5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   (5%)(.05) of the unpaid fee for each month or portion  After due date until paid.   1. Total Hospitality Fee Due (Add Lines 4 and 5) 6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **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 Town of Hemingway assesses penalties for making false or fraudulent statements on the reporting form.**  Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Owner, Partner or Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |