



## City of Easley Local Hospitality Tax Reporting Form

Sales for the month of: \_\_\_\_\_

Business Name & Address

F.E.I. or SS #: \_\_\_\_\_

\_\_\_\_\_

Contact Name: \_\_\_\_\_

\_\_\_\_\_

Contact Phone: \_\_\_\_\_

\_\_\_\_\_

Filing Period: (Please check one) \_\_\_\_\_ Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_ Annually

### Computation of Hospitality Tax Amount Due:

1. Hospitality Tax \$ _____ x .02 <i>Gross sales of food/beverages</i>	\$ _____
2. Less discount for timely filing \$ _____ x .02	- _____
3. Plus penalty for delinquent filing \$ _____ x .05 x _____ <i>Number of months late</i>	+ _____
<b>4. Total Hospitality Tax Due</b>	<b>\$ _____</b>

**Please Note: Local hospitality taxes remaining unpaid 30 days after the due date will be turned over to the Business License Inspector for enforcement. This may include a Municipal Summons and/or revocation of the Business License.**

I certify that the above information is true and accurate to the best of my knowledge and belief.

**Taxpayer Signature & Title** \_\_\_\_\_ **Date** \_\_\_\_\_

#### For Office Use Only

Date \_\_\_\_\_

Check Number: \_\_\_\_\_

Amt. Received \_\_\_\_\_

Initials: \_\_\_\_\_