

## **Local Hospitality Tax Reporting Form**

Town of Batesburg-Leesville					
		ness Name			
P.O. Box 2329					
Batesburg-Leesville, SC 29070		Servi	ce Address	S	
psaeed@batesburg-leesville.org	FED ID or SS#				
Phone: (803) 532-4601 City		City,	y, State, Zip Code		
HOSPITALITY TAX COMPUTATION					
1. Gross Sales: prepared Food and beverages.			Line 1	\$	
2. Hospitality Tax: Line 1 x 2% (0.02).			Line 2	\$	
3. Penalty on Delinquent returns:					
Line 2 x (5% x number of months delinquent).				_	
Example: \$1,000 x (0.05 x 2 months) = \$100			Line 3	\$	
4. Sub-total Hospitality Tax Due (add lines 2 and 3).			Line 4	\$	
5. Hospitality Tax Remitted to another Jurisdiction(s).					
Please list all other remittances. Us		ditional.	Line 5	\$	
Jurisdiction Amount	Jurisdiction	Amount			
\$		<u> </u>			
\$		\$ \$			
\$		\$			
6. Total Hospitality Tax Due to Batesburg-Leesville (line 4 minus 5).			Line 6	\$	
Enclose check made payable to the Town of Batesburg-Leesville.					
Include your <u>Business Name</u> and the <u>Reporting Month</u> on the check.					
Per Town of Batesburg-Leesville ord sale of prepared meals and beverag twentieth (20 <sup>th</sup> ) of the month follow	es must be remitted to th	ne Town. The	taxes are	due on or before the	
I hereby certify that all of the information stated above is true and accurate to the best of my knowledge and belief.					
Signature:			Date:		
Print Name & Title:		7	Telephone #:		