



**CITY OF HARTSVILLE**

**HOSPITALITY FEE  
Monthly Reporting Form**

Month Ending \_\_\_\_\_

**Mail To:** City of Hartsville, Hospitality Fee, P.O. Drawer 2497, Hartsville, SC 29551-2497

Name and Address of Business:	Filing Period: Month _____ Year _____
_____	F.E.I. Or S.S.#: _____
_____	Contact Name: _____
_____	Contact Phone: _____

**HOSPITALITY FEE COMPUTATION**

Gross proceeds of Sales, Rentals and Withdrawals for Own Use, (include Food Sales) (From ATTACHED SC Department of Revenue State Sales and Use Tax Return Form ST-3 Line 1)		1. _____
Hospitallity Fee Allowable Exclusions (Itemized by Type of Exclusion and Amount of Exclusion)		
Column A Type of Exclusion	Column B Amount of Exclusion	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
Total Amount of Exclusions (Total Column B)		2. _____
3. Adjusted Net Taxable Sales (Line 1 minus line 2)		3. _____
4. Fee (Line 3 x 2% (.02))		2% 4. _____
5. Taxpayer's Discount (For timely filed returns only) (2% (.02) of line 4)		5. _____
6. Hospitallity Fee Net Amount Payable (Line 4 minus line 5)		6. _____
Penalty on Delinquent Fees (10%) (.10) of the unpaid fee for each month or portion after due date until paid)		7. _____
8. Total Hospitallity Fee Due (Add lines 6 and 7)		8. _____

**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 City of Hartsville assesses penalties for making false or fraudulent statements on this reporting form.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner, Partner or Title: \_\_\_\_\_