



**LOCAL HOSPITALITY TAX REPORTING FORM**

Remit to:  
City of Travelers Rest  
125 Trailblazer Drive  
Travelers Rest, SC 29690

Name of Business: \_\_\_\_\_  
Address of Business: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
EIN or SSN: \_\_\_\_\_  
For Period Ending: \_\_\_\_\_

*Important Note: This return covers the period through the last day of the month and becomes delinquent on the 21<sup>st</sup> day of the following month.*

1.	Gross Proceeds derived from sales of prepared foods and/or beverages	
2.	Tax Rate	X .02
3.	Total Tax Due	
4.	Penalty (5% of the fee due to each month outstanding)	
5.	Total Due (Add lines 3 & 4)	

I hereby certify that I have examined this return and to the best of my knowledge and believe it a true and complete return of Local Hospitality Taxes generated at my place of business for the month of \_\_\_\_\_, 20\_\_.

Taxpayer Signature: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_