



City of Conway

HOSPITALITY FEE REPORT

Business Name:

Address:

Customer No.

- **THIS RETURN REPORTS SALES FOR THE MONTH OF _____, 20__**

Gross sales reported to SC Department of Revenue on sales tax return \$ _____

COMPUTATION OF HOSPITALITY FEE:

1. Gross proceeds of sales subject to Hospitality fee \$ _____
2. Hospitality Fee Due **Gross Proceeds x 2.0%** \$ _____
3. Penalty (10% if paid after the 20th day following period end) \$ _____
4. Total fee and penalty due **(PAY THIS AMOUNT)** \$ _____

IMPORTANT

This report becomes delinquent on the 21st day following the end of the reporting period.

I CERTIFY THE ABOVE IS A TRUE AND CORRECT STATEMENT.

Signature Title Date Telephone no.

Mail to:
CITY OF CONWAY
Hospitality Fee
P. O. Box 1075
Conway, South Carolina 29528-1075