



City of Conway

HOSPITALITY FEE REPORT

Business Name:

Address:

Customer #:

FEI No. _____ Sales & Use Lic. No. _____

THIS RETURN REPORTS SALES FOR THE MONTH OF _____, 2016

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 (line 1 x .01) | \$ _____ |
| 3. Penalty (10% if paid after the 20 th day following period end) | \$ _____ |
| 4. Total fee and penalty due (line 2 + line 3) (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