

TOWN OF YEMASSEE 101 Town Circle Yemassee, SC 29945 Business License Office: (843) 589-2565 Ext. 2 <u>www.townofyemassee.org</u> The Focal Point of the Four Counties



Hospitality Tax Report

Per The Town of Yemassee Ordinance, a **{2%}** Hospitality Tax on the gross proceeds from the sale of prepared food and beverage must be remitted after each quarter to the <u>Town of</u> <u>Yemassee * 101 Town Cir * Yemassee, SC 29945-3363.</u> Payments may be submitted online at townofyemassee.org and by clicking Online Payments and then Hospitality Tax. All major credit / card debit cards and e-Checks are accepted for online payment.

Busine	ess Name:			
Owne	r / Contact:			
State ⁻	Fax ID#:			
Busine	ess Address:			
Phone	Number:			
Perioc	Covered:	January, February & March 2023	******Due Date: Ap	ril 20 th , 2023
Hospi	tality Tax Comp	utation:		
1.	Gross Proceed	s of sales covered by Hospitality Tax	\$	
2.	Fee Due (line 1	. x 2%)	\$	
3.	Penalty (5% if I	not received by due date indicated)	\$	
4.	Additional Pen	alties (10% on the 21 st of each month	thereafter	
	until paid)	·		
5.	• •	ty Tax & Penalty Due	\$	
	• •	penalty of law, that "the gross proce		•

"Hospitality Tax" shown above accurately reflects the total proceeds to which the fee is applicable for the period covered by this report.

Print Name:	Date:
Signature:	Title:



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Duomee	ss Name:		
Owner	/ Contact:		
State Ta	ax ID#:		
Busines	ss Address:		
Phone I	Number:		
		April, May & June 2023 *****D	ue Date: July 20th, 2023
Period			ue Date: July 20th, 2023
Period Hospita	Covered: ality Tax Comp		•
Period <u>Hospita</u> 1.	Covered: ality Tax Comp	utation: s of sales covered by Hospitality Tax	•
Period <u>Hospita</u> 1. 2.	Covered: ality Tax Comp Gross Proceed Fee Due (line 1	utation: s of sales covered by Hospitality Tax	ue Date: July 20th, 2023 \$\$ \$\$
Period Hospita 1. 2. 3.	Covered: ality Tax Comp Gross Proceed Fee Due (line 1 Penalty (5% if r	utation: s of sales covered by Hospitality Tax . x 2%)	\$ \$ \$
Period <u>Hospita</u> 1. 2. 3. 4.	Covered: ality Tax Comp Gross Proceed Fee Due (line 1 Penalty (5% if r	utation: s of sales covered by Hospitality Tax . x 2%) not received by due date indicated)	\$ \$ \$

I hereby certify, under penalty of law, that "the gross proceeds of sales covered by the "Hospitality Tax" shown above accurately reflects the total proceeds to which the fee is applicable for the period covered by this report.

Print Name:	 Date:	
Signature:	Title:	



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Busine	ess Name:			
Ownei	r / Contact:			
State 7	Tax ID#:			
Busine	ess Address:			
Phone	Number:			
		July, August & September 2023 ******Due Date	e: October	20 th , 2023
	cross Brossed		ć	
	Fee Due (line 1	s of sales covered by Hospitality Tax	ې د	
		not received by due date indicated)	ې د	
	• •	alties (10% on the 21^{st} of each month thereafter	Y	
ч.	until paid)		Ś	
5.	• •	ty Tax & Penalty Due	\$	

I hereby certify, under penalty of law, that "the gross proceeds of sales covered by the "Hospitality Tax" shown above accurately reflects the total proceeds to which the fee is applicable for the period covered by this report.

Print Name:	Date:
Signature:	Title:



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Business Name:	 _
Owner / Contact:	 _
State Tax ID#:	 _
Business Address:	 _
	 _
Phone Number:	 _

October, November & December 2023 **** Due Date: January 20th, 2024 Period Covered: **Hospitality Tax Computation:**

\$

- 6. Gross Proceeds of sales covered by Hospitality Tax
- 7. Fee Due (line 1 x 2%)
- 8. Penalty (5% if not received by due date indicated)
- 9. Additional Penalties (10% on the 21st of each month thereafter until paid) Ś
- 10. Total Hospitality Tax & Penalty Due

I hereby certify, under penalty of law, that "the gross proceeds of sales covered by the "Hospitality Tax" shown above accurately reflects the total proceeds to which the fee is applicable for the period covered by this report.

Print Name:	Date:
Signature:	Title: