



TOWN OF YEMASSEE

101 Town Circle

Yemassee, SC 29945

Business License Office: (843) 589-2565 Ext. 2

www.townofyemassee.org

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 Town of Yemassee * 101 Town Cir * Yemassee, SC 29945-3363. 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.

Business Name: _____

Owner / Contact: _____

State Tax ID#: _____

Business Address: _____

Phone Number: _____

Period Covered: **January, February & March 2023**

*****Due Date: **April 20th, 2023**

Hospitality Tax Computation:

- | | |
|---|----------|
| 1. Gross Proceeds of sales covered by Hospitality Tax | \$ _____ |
| 2. Fee Due (line 1 x 2%) | \$ _____ |
| 3. Penalty (5% if not received by due date indicated) | \$ _____ |
| 4. Additional Penalties (10% on the 21 st of each month thereafter until paid) | \$ _____ |
| 5. 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: _____



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Business Name: _____

Owner / Contact: _____

State Tax ID#: _____

Business Address: _____

Phone Number: _____

Period Covered: **April, May & June 2023**

*****Due Date: **July 20th, 2023**

Hospitality Tax Computation:

- | | |
|---|----------|
| 1. Gross Proceeds of sales covered by Hospitality Tax | \$ _____ |
| 2. Fee Due (line 1 x 2%) | \$ _____ |
| 3. Penalty (5% if not received by due date indicated) | \$ _____ |
| 4. Additional Penalties (10% on the 21 st of each month thereafter until paid) | \$ _____ |
| 5. Total Hospitality Tax & Penalty Due | \$ _____ |

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Business Name: _____

Owner / Contact: _____

State Tax ID#: _____

Business Address: _____

Phone Number: _____

Period Covered: **July, August & September 2023** *****Due Date: **October 20th, 2023**

Hospitality Tax Computation:

- | | |
|---|----------|
| 1. Gross Proceeds of sales covered by Hospitality Tax | \$ _____ |
| 2. Fee Due (line 1 x 2%) | \$ _____ |
| 3. Penalty (5% if not received by due date indicated) | \$ _____ |
| 4. Additional Penalties (10% on the 21 st of each month thereafter until paid) | \$ _____ |
| 5. Total Hospitality Tax & Penalty Due | \$ _____ |

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Business Name: _____

Owner / Contact: _____

State Tax ID#: _____

Business Address: _____

Phone Number: _____

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

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 21 st of each month thereafter until paid) | \$ _____ |
| 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: _____