



# TOWN OF YEMASSEE

101 Town Circle P.O. Box 577

Yemassee, SC 29945

1-843-589-2565 Telephone

1-843-589-4305 Fax

*Home of the Annual Shrimp Festival*



## 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 \* P.O. Box 577 \* Yemassee, SC 29945.**

Business Name: \_\_\_\_\_

Owner / Contact: \_\_\_\_\_

State Tax ID#: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Period Covered: **January, February & March 2020** \*\*\*\*\*Due Date: **April 20<sup>th</sup>, 2020**

### **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 <sup>st</sup> 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 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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Owner / Contact: \_\_\_\_\_

State Tax ID#: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Period Covered: **April, May & June 2020** \*\*\*\*\*Due Date: **July 20<sup>th</sup>, 2020**

### **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 <sup>st</sup> of each month thereafter until paid) | \$ _____ |
| 5. Total Hospitality Tax & Penalty Due  | \$ _____ |

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Print Name: \_\_\_\_\_

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Owner / Contact: \_\_\_\_\_

State Tax ID#: \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Period Covered: **July, August & September 2020** \*\*\*\*\*Due Date: **October 20<sup>th</sup>, 2020**

### **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 <sup>st</sup> 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 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: **October, November & December 2020** \*\*\*\*\*Due Date: **January 20<sup>th</sup>, 2021**

**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 <sup>st</sup> 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 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: \_\_\_\_\_