



115 Hwy 17 N
 Surfside Beach, SC 29575
 (843)913-6342 Fax (843)238-5432
 hospitality@surfsidebeach.org

TOWN OF SURFSIDE BEACH Hospitality Tax for Food and Beverage

D/B/A Name and Address _____ Hosp. Acct. _____ No.FEI or SSNo. _____	For Office Use Only: Postmark Date: _____
Property location if different from above _____	Period Ending or Quarter Ending: PLEASE COMPLETE _____

Filing Status: Monthly Quarterly Annually 28 Day Period Dates _____ ◀(28 Day filers: **List Dates!**)

Check here if final return: Reason: (check one) Last filing for the calendar year Business closed/sold on _____

New Owner is: _____

HOSPITALITY TAX

- | | | | |
|--|---------------------------|-----------|--|
| 1. Gross Proceeds from Sale of Food/Beverage | | _____ | |
| 2. Hospitality Tax | Line 1 x .2% (.02) ▶ | _____ | |
| 3. Penalty 5 % per month | Line 2 x 5% (.05) ▶ | _____ | |
| Add penalty of 5% for each month your return is late. | | | |
| 4. Discount for returns filed timely | Line 2 x 2% (.02) ▶ | (_____) | |
| 5. Total Hospitality Tax | (+/-) lines 2 through 4 ▶ | \$ _____ | |

For Office Use Only

Balance/Credit

This return becomes delinquent if it is postmarked after the 20th day following the close of the period.

I hereby certify that the information contained on this report is true and accurate to the best of my knowledge and belief

Taxpayer's Signature _____ Date _____

Telephone _____