



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, Beverage and Admissions

<u>D/B/A Name and Address</u>	<u>Account Number</u>	For Office Use Only: Postmark Date: _____ Check # _____ Check Amount _____
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. Gross Proceeds form Paid Admissions and/or Amusements | | \$ _____ |
| 3. Total Gross Proceeds | (Add Lines 1 & 2 if applicable) | \$ _____ |
| 4. Total Payment | Line 3 x 1% | \$ _____ |
| 5. Add penalty of 5% for each month your return is late. | Line 4 x 5% | \$ _____ |
| 6. Discount of 2% for returns filed timely | Line 4 x 2% | (\$ _____) |
| 7. Total Hospitality Tax Due | (+/-) Lines 4 through 6 | \$ _____ |

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 _____