

# City of Westminster

## Hospitality Fee Monthly Reporting Form

Name and Address of Business:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Filing Period: Month \_\_\_\_\_ Yr. \_\_\_\_\_

FEI or SS# \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

### COMPUTATION OF HOSPITALITY FEE AMOUNT DUE

1. Hospitality Fee \$ \_\_\_\_\_ X .02 = \$ \_\_\_\_\_  
Gross Proceeds from sale of Food/Beverages

2. Penalties:

Failure to File \$150.00

\$ \_\_\_\_\_

**This penalty will be assessed on the 20<sup>th</sup> of each month if the report has not been filed with the City even if no tax has been collected.**

Failure to Pay (5% or \$150.00)

\$ \_\_\_\_\_

Payments not received by the 20<sup>th</sup> of each month will receive a 5% or \$150.00 penalty, whichever is greater, on the 21<sup>st</sup> for the balance owed. The City will not go by postmarks.

3. TOTAL HOSPITALITY FEE DUE \$ \_\_\_\_\_

**This return covers the period through the last day of the month and becomes delinquent after the 20<sup>th</sup> day of the following month. The only time you will be granted extra time is if the 20<sup>th</sup> falls on a weekend or a city observed holiday in which we are closed. You will then have the next business day to submit your payment and report.**

**I certify that all the information stated above is true and accurate to the best of my knowledge and belief. I understand the City of Westminster assesses penalties for making false or fraudulent statements on this reporting form.**

File By: \_\_\_\_\_ Date: \_\_\_\_\_

Return to: City of Westminster, ATTN: Jennifer Adams, PO Box 399, Westminster, SC 29693