



# CITY OF SUMTER HOSPITALITY FEE

Monthly Reporting Form

Mail to: City of Sumter Hospitality Fee P.O. Box 1449 Sumter, SC 29151-1449

Name and Address of Business:

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

Filing Period: :

F.E.I. Or S.S.# \_\_\_\_\_

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

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

## HOSPITALITY FEE COMPUTATION

1. Gross Proceeds of Sales, Rentals and Withdrawals for Own Use, (Include Food Sales)

(From ATTACHED SC Department of Revenue State Sales and Use Tax Return  
Form ST-3 Line 1)

1. \_\_\_\_\_

2. Hospitality Fee Allowable Exclusions (Itemize by Type of Exclusion and Amount of Exclusion)

Column A Type of Exclusion	Column B Amount of Exclusion
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Amount of Exclusions (Total Column B)

2. \_\_\_\_\_

3. Adjusted Net Taxable Sales (Line 1 minus line 2)

3. \_\_\_\_\_

4. Fee (Line :

**2%**

4. \_\_\_\_\_

5. Taxpayer's Discount (For timely filed returns only)( 2% (.02) of line 4)

5. \_\_\_\_\_

6. Hospitality Fee Net Amount Payable (Line 4 minus line 5)

6. \_\_\_\_\_

7. Penalty on Delinquent Fees

(5% (.05) of the unpaid fee for each month or portion thereof after due date until paid)

7. \_\_\_\_\_

8. Total Hospitality Fee Due (Add lines 6 and 7)

8. \_\_\_\_\_

**IMPORTANT:** This return becomes DELINQUENT if it is postmarked after the 20th day following the close of the period.

**REMINDER:** Sign and date the return below. Attach copy, both front and back, of SC Department of Revenue State Sales and Use Tax Return, Form ST-3.

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Owner, Partner or Title \_\_\_\_\_

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