

**City of Abbeville, South Carolina
Local Hospitality Tax Reporting Form**

Mail to: City of Abbeville, Hospitality Tax Payment, PO Box 40, Abbeville SC 29620

Hospitality Sales Tax Form for Month: _____

Business Name: _____ Physical Location: _____

Mailing Address: _____ Fed. ID or SS No.: _____

City: _____ Contact Name: _____

State and Zip: _____ Contact Phone: _____

Computation of Hospitality Tax

1. Gross Sales of Prepared Food and Beverages 1. \$ _____

2. Gross Sales: _____ X 2% (.02) 2. \$ _____
From Line 1 (Hospitality Tax)

3. Late Fee per month if not paid by due date
_____ X 5% (.05) X _____ 3. \$ _____
H-Tax from Line 2 Number of Months Late (Late Fee)

4. Total Local Hospitality Tax Due 4. \$ _____
(Line 2 + Line 3) (Total Due)

Important: City Hospitality Taxes that remain unpaid 30 days after the due date will be subject to all available procedures under the law including, but not limited to, ordinance summons and business license revocation.

I certify that all the information stated above is true and accurate to the best of my knowledge.

Taxpayer Signature: _____ Date: _____

Print Name: _____

Office Use Only – Postmark Date: _____