



200 N. Main Street ~ Fountain Inn, SC 29644 ~ 864-862-4421 Fax 864-862-4812
www.fountaininn.org

LOCAL HOSPITALITY TAX RETURN

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____

EMAIL: _____

CONTACT PERSON & TITLE: _____

**RETAIL LICENSE NUMBER or
USE TAX REGISTRATION NUMBER:** _____

EIN/SSN: _____

PERIOD BEGINNING: _____ **PERIOD ENDING:** _____
Month/Day/Year Month/Day/Year

IMPORTANT: This return IS DUE on the 20th day of the month of the month following the period ending date, or on the next business day if the 20th is not a business day.

1.	Gross Proceeds derived from sales of prepared meals and beverages	
2.	Tax Rate	X .02
3.	Total Tax Due	
4.	Interest due if tax is not paid by the 20 th : 1 1/2% per month (18% per annum) (Line 3 X .015 X Number of Months Late)	
5.	\$500 Administrative fee if tax is not paid by the 20 th	
6.	Total Due (Add lines 3, 4 & 5)	

I hereby certify that I have examined this return and to the best of my knowledge and belief it is a true and complete return.

Taxpayer Signature

Title

Date

Print Signature

MAIL TO:
CITY OF FOUNTAIN INN
200 NORTH MAIN STREET
FOUNTAIN INN, SC 29644