



# FOUNTAIN INN

est 1886

## Local Hospitality Tax Reporting Form

Business Name: \_\_\_\_\_ Indicate Filing Period:  
 Address: \_\_\_\_\_ Month: \_\_\_\_\_  
 \_\_\_\_\_ Quarter: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Year: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ EIN or SSN# \_\_\_\_\_  
 Email Address: \_\_\_\_\_

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

### COMPUTATION OF TAX AMOUNT DUE

1. Hospitality Tax	\$ _____ x .02 Gross proceeds derived from sales of prepared meals and beverages	\$ _____
2. Penalty for Delinquent Filing	\$ _____ x .05 per month Add Interest due if tax is not paid by the 20 <sup>th</sup>	\$ _____
TOTAL HOSPITALITY TAX DUE .....		\$ _____

I certify that all information stated above is true and accurate to the best of my knowledge and belief. I further understand that the City of Fountain Inn assess penalties for false and fraudulent statements on this reporting form

Filed by (signature) \_\_\_\_\_ Date: \_\_\_\_\_

Print Signature \_\_\_\_\_

**SUBMIT RETURN TO:** Finance Department  
 Fountain Inn City Hall  
 200 N. Main Street  
 Fountain Inn, SC 29644