



COUNTY COUNCIL OF BEAUFORT COUNTY

BUSINESS LICENSE DEPARTMENT

P.O. DRAWER 1228

BEAUFORT, SC 29901-1228

PHONE: 843-255-2270 FAX: 843-255-9411

www.bcgov.net

HOSPITALITY TAX REMITTANCE FORM

Name: _____

ACCT# _____

Contact: _____

Address: _____

PHONE # _____

REPORTING PERIOD _____

1. GROSS PROCEEDS: PREPARED FOOD & BEVERAGE		\$ _____
2. LOCAL HOSPITALITY TAX	Line 1 x 2.0%	\$ _____
3. PENALTY	Line 2 x 1.5%	\$ _____
4. TOTAL LOCAL HOSPITALITY TAX DUE		\$ _____

PLEASE MAKE COPIES AS NEEDED

IMPORTANT ►

- Payment form will not be accepted without payment.
- Taxes are due monthly and remitted by the 20th day of the following month. This return becomes delinquent if it is postmarked after the 20th day following the end of the period. Failure to pay will result in a 1.5% penalty per month until paid.
- All payment forms must be signed by the preparer to certify accuracy and compliance with the County's Local Hospitality Tax ordinance, and must be accompanied by a copy of that period's State Sales Tax return(s).

I hereby certify that the information contained on this report is true and accurate to the best of my knowledge and belief.

Signature of Applicant _____ Title _____ Date _____

Office Use Only: Bill Number _____

Date Rec'd _____ Postmark Date _____ Bal Due \$ _____ Refund Due \$ _____