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 $ ________________