



City of West Columbia  
*Bridging Past, Present and Future*

# City of West Columbia, South Carolina Local Hospitality Tax Reporting Form

Mail to: City of West Columbia, Hospitality  
 Post Office Box 4044, West Columbia, SC 29171

Hospitality Sales Tax Form for Month: \_\_\_\_\_

Business Name: \_\_\_\_\_ Physical Location: \_\_\_\_\_  
 (Please Print)

Mailing Address: \_\_\_\_\_ Fed. ID or SS #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Basis of Tax Remittance: *(Please check one)* \_\_\_\_\_ Monthly \_\_\_\_\_ Quarterly \_\_\_\_\_ Annually

### Computation of Hospitality Tax

- |   |    |                                      |
|---|----|--------------------------------------|
| 1. Gross Sales of Food and/or Beverages   | 1. | \$ _____                             |
| 2. Gross Sales: _____ X 2% (.02)<br><i>From Line 1</i>  | 2. | \$ _____<br><i>(Hospitality Tax)</i> |
| 3. Late Fee <b>per month if not paid by due date</b><br><br>_____ X 5% (.05) X _____<br><i>H Tax From Line 2</i> <i>Number of months late</i> | 3. | \$ _____<br><i>(Late Fee)</i>        |
| 4. Total Local Hospitality Tax Due to City of West Columbia.<br><i>(Line 2 + Line 3)</i>  | 4. | \$ _____<br><i>(Total Due)</i>       |

**Important:** Pursuant to the West Columbia Hospitality Tax Ordinance, city hospitality taxes that remain unpaid after the due date will be subject to all available procedures under the law, including but not limited to, ordinance summons.

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

Taxpayer Signature & Title \_\_\_\_\_ Date \_\_\_\_\_

Please Print Name & Title \_\_\_\_\_

### For Office Use Only

\_\_\_\_\_ Assess Late Fee Postmark Date \_\_\_\_\_