



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)
<i>From Line 1</i> | 2. | \$ _____
<i>(Hospitality Tax)</i> |
| 3. Late Fee per month if not paid by due date

_____ X 5% (.05) X _____
<i>H Tax From Line 2</i> <i>Number of months late</i> | 3. | \$ _____
<i>(Late Fee)</i> |
| 4. Total Local Hospitality Tax Due to City of West Columbia.
<i>(Line 2 + Line 3)</i> | 4. | \$ _____
<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 _____