

Town of Cowpens

P. O. Box 1399
Cowpens, SC 29330
Phone: (864) 463-3201 Fax: (864) 406-0233
www.townofcowpens.com

LOCAL HOSPITALITY TAX MONTHLY REPORTING FORM

Hospitality SalesTax Form for Month: _____

Business Name: _____

Street Address: _____

Mailing Address: _____

FED ID# or SS#: _____

Computation of Local Hospitality Tax Due to Town:

- | | |
|---|----------|
| 1. Gross proceeds from Sale of Food/Beverages | 1. _____ |
| 2. Computation of 2% Local Hospitality Tax (Line 1 x .02) | 2. _____ |
| 3. Penalty if Remitting after 20 th of month (Line 2 x .10*) | 3. _____ |
| 4. TOTAL LOCAL HOSPITALITY TAX DUE TO TOWN OF COWPENS | 4. _____ |

**This return covers the period through the last day of the month
and becomes delinquent on the 21st day of the following month.**

*PENALTY on delinquent remittance: A penalty of ten percent (10%) of the unremitted fees applies for each calendar month or portion thereof after the due date until paid.

I hereby certify that I have examined this return and to the best of my knowledge and belief, it is a true and accurate return.

Signature of Owner/Partner/Manager

Name of Person Completing Form

Date

Telephone Number