



100 North Shamrock Avenue. Landrum, S.C. 29356 | Phone: 864.457.3000 | Fax: 864.457.2702

LOCAL HOSPITALITY TAX
MONTHLY REPORTING FORM

MONTH OF _____ YEAR _____

Business Name: _____

Street Address: _____

Mailing Address: _____

FED ID# or SS#: _____

Computation of Local Hospitality Tax due to City of Landrum:

1. Gross proceeds from sale of food/beverages: 1. \$ _____
2. Computation of 2% Local Hospitality Tax:
(Line 1x .02) 2. \$ _____
3. Penalty if remitting after 20th of month:
(Line 2 x .05) (5% penalty) 3. \$ _____
4. Total Local Hospitality Tax due to City: 4. \$ _____

This return covers the period through the last day of the month and is due on or before the 20th of the following month and becomes delinquent on the 21st day of the following month.

A penalty of five percent (5%) 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

Name of person completing form

Date

Telephone Number