



# TOWN OF YEMASSEE

Business License Department  
101 Town Cir, Yemassee, SC 29945-3363  
(843) 589-2565 Ext. 2



## Hospitality Tax Report

Per The Town of Yemassee Ordinance, a **{ 2% }** Hospitality Tax on the gross proceeds from the sale of prepared food and beverage must be remitted after each quarter to the Town of Yemassee \* 101 Town Cir \* Yemassee, SC 29945-3363. Payments may be submitted online at [townofyemassee.org](http://townofyemassee.org) and by clicking Online Payments and then Hospitality Tax. All major credit/card debit cards and e-Checks are accepted for payment.

Business Name: \_\_\_\_\_

Owner / Contact: \_\_\_\_\_

State Tax ID#: \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Period Covered: **January, February & March 2022**

\*\*\*\*\*Due Date: **April 20<sup>th</sup>, 2022**

### **Hospitality Tax Computation:**

- |   |          |
|---|----------|
| 1. Gross Proceeds of sales covered by Hospitality Tax                                     | \$ _____ |
| 2. Fee Due (line 1 x 2%)  | \$ _____ |
| 3. Penalty (5% if not received by due date indicated)                                     | \$ _____ |
| 4. Additional Penalties (10% on the 21 <sup>st</sup> of each month thereafter until paid) | \$ _____ |
| 5. Total Hospitality Tax & Penalty Due  | \$ _____ |

I hereby certify, under penalty of law, that "the gross proceeds of sales covered by Hospitality Tax" shown above accurately reflects the total proceeds to which the fee is applicable for the period covered by this report.

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_



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Business Name: \_\_\_\_\_

Owner / Contact: \_\_\_\_\_

State Tax ID#: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Period Covered: **April, May & June 2022** \*\*\*\*\*Due Date: **July 20<sup>th</sup>, 2022**

### **Hospitality Tax Computation:**

- |   |          |
|---|----------|
| 1. Gross Proceeds of sales covered by Hospitality Tax                                     | \$ _____ |
| 2. Fee Due (line 1 x 2%)  | \$ _____ |
| 3. Penalty (5% if not received by due date indicated)                                     | \$ _____ |
| 4. Additional Penalties (10% on the 21 <sup>st</sup> of each month thereafter until paid) | \$ _____ |
| 5. Total Hospitality Tax & Penalty Due  | \$ _____ |

I hereby certify, under penalty of law, that "the gross proceeds of sales covered by Hospitality Tax" shown above accurately reflects the total proceeds to which the fee is applicable for the period covered by this report.

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Business Name: \_\_\_\_\_

Owner / Contact: \_\_\_\_\_

State Tax ID#: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Period Covered: **July, August & September 2022** \*\*\*\*\*Due Date: **October 20<sup>th</sup>, 2022**

### **Hospitality Tax Computation:**

- |   |          |
|---|----------|
| 1. Gross Proceeds of sales covered by Hospitality Tax                                     | \$ _____ |
| 2. Fee Due (line 1 x 2%)  | \$ _____ |
| 3. Penalty (5% if not received by due date indicated)                                     | \$ _____ |
| 4. Additional Penalties (10% on the 21 <sup>st</sup> of each month thereafter until paid) | \$ _____ |
| 5. Total Hospitality Tax & Penalty Due  | \$ _____ |

I hereby certify, under penalty of law, that "the gross proceeds of sales covered by Hospitality Tax" shown above accurately reflects the total proceeds to which the fee is applicable for the period covered by this report.

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_



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Business Name: \_\_\_\_\_

Owner / Contact: \_\_\_\_\_

State Tax ID#: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Period Covered: **October, November & December 2022** \*\*\*\*\*Due Date: **January 20<sup>th</sup>, 2023**

### **Hospitality Tax Computation:**

- |   |          |
|---|----------|
| 6. Gross Proceeds of sales covered by Hospitality Tax                                     | \$ _____ |
| 7. Fee Due (line 1 x 2%)  | \$ _____ |
| 8. Penalty (5% if not received by due date indicated)                                     | \$ _____ |
| 9. Additional Penalties (10% on the 21 <sup>st</sup> of each month thereafter until paid) | \$ _____ |
| 10. Total Hospitality Tax & Penalty Due   | \$ _____ |

I hereby certify, under penalty of law, that "the gross proceeds of sales covered by Hospitality Tax" shown above accurately reflects the total proceeds to which the fee is applicable for the period covered by this report.

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_