



# City of Darlington, South Carolina Local Hospitality Tax Reporting Form

Mail to: City of Darlington, Hospitality, 400 Pearl Street, Darlington, SC 29532

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

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

Physical Location: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

City: \_\_\_\_\_

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

State, Zip: \_\_\_\_\_

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

Basis of Tax Remittance: (Please check one) Monthly

Quarterly

Annually

### Computation of Hospitality Tax

1. Gross Sales of Food and/or Beverages (From ATTACHED SC Department of Revenue State Sales and Use Tax Return Form ST-3, Line 1) 1. \$ \_\_\_\_\_

2. Hospitality Fee Allowable Exclusions (Itemized Type and Amount)

Column A Type of Exclusion	Column B Amount of Exclusion
_____	_____
_____	_____
_____	_____
_____	_____

Total Amount of Exclusions (Total Column B) 2. \_\_\_\_\_

3. Net Sales: \_\_\_\_\_ X 2% (.02) 3. \_\_\_\_\_  
Line 1 - Line 2 (Hospitality Tax)

4. 2% Discount of Line 3 if Paid in Full by Due Date 4. \_\_\_\_\_

5. Late Fee per Month if NOT Paid by Due Date 5. \_\_\_\_\_  
\_\_\_\_\_ X 5% (.05) X \_\_\_\_\_ (Late Fee)  
H Tax From Line 3 Number of months late

6. Total Local Hospitality Tax Due to City of Darlington 6. \_\_\_\_\_  
(Lines 3-4 if filed timely OR Lines 3+5 if delinquent) (Total Due)

**Important:** This return becomes **DELINQUENT** if it is postmarked after the 20<sup>th</sup> day following the close of a period.

**Reminder:** Sign and date the return below. Attach a copy, both front and back, of the SC Department of Revenue State Sales and Use Tax Return, Form ST-3.

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** \_\_\_\_\_ Partial Payment License Number \_\_\_\_\_

**Use Only** \_\_\_\_\_ Assess Late Fee Post Mark Date \_\_\_\_\_