



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

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. Gross Sales: _____ X 2% (.02) 2. _____
From Line 1 (Hospitality Tax)

3. 2% Discount of Line 2 if Paid in Full by Due Date 3. _____

4. Late Fee per Month if NOT Paid by Due Date 4. _____
_____ X 5% (.05) X _____ (Late Fee)
H-Tax From Line 2 Number of months late

5. Total Local Hospitality Tax Due to City of Darlington 5. _____
(Lines 2-3 if on time OR Lines 2+4 if late) (Total Due)

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

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

I certify that all the information stated above is true and accurate to the best of my knowledge.

Taxpayer Signature & Title _____ Date _____

Please Print Name & Title _____

For Office _____ Partial Payment License Number _____

Use Only _____ Assess Late Fee Post Mark Date _____