



# Local Hospitality Tax Reporting Form - Annual

Mail form and payment to County of Greenville, Treasurer,  
 301 University Ridge Suite N-2000, Greenville, SC 29601  
 Direct questions to (864) 467-7567

DBA Business Name and Location

State Retail License No.

Tax Period

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
FEI or SS No.  
 \_\_\_\_\_

\_\_\_\_\_  
Due on or Before  
 \_\_\_\_\_

*If you have closed or sold this business, please complete a Change of Information Form and remit to County of Greenville*

## HOSPITALITY TAX COMPUTATION

1. **Gross Sales:** Prepared food and beverages Total Annual Sales \$ \_\_\_\_\_
- |          |          |       |          |           |          |          |          |
|----------|----------|-------|----------|-----------|----------|----------|----------|
| January  | \$ _____ | April | \$ _____ | July      | \$ _____ | October  | \$ _____ |
| February | \$ _____ | May   | \$ _____ | August    | \$ _____ | November | \$ _____ |
| March    | \$ _____ | June  | \$ _____ | September | \$ _____ | December | \$ _____ |
2. **Hospitality Tax:** \$ \_\_\_\_\_  
 Line 1 x 2% (.02)
3. **Penalty on delinquent returns:** \$ \_\_\_\_\_  
 Line 2 x 5% (.05) x \_\_\_\_\_ (number of months delinquent)
4. **Total Hospitality Tax Due:** \$ \_\_\_\_\_  
 Line 2 + Line 3

**Enclose check made payable to the County of Greenville – Treasurer**  
**Include the business state retail license number and the tax period on the check**

**For Office Use Only**

Per County Ordinance No. 4079, a 2% Local Hospitality Tax on the gross proceeds from the sale of prepared meals and beverages must be remitted to the County. The taxes are due on or before the twentieth (20th) of the month following the close of the period. Taxes are considered DELINQUENT if not postmarked on or before the (20th) twentieth. A 5% penalty per month or portion thereof will be added to late payments. Please sign and date the return.

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

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

Print Name & Title: \_\_\_\_\_ Telephone: \_\_\_\_\_