

Hospitality Tax Return

Month ended _____ Due Date _____

Sales Tax Number _____ **Due by the 20th of the following month**

Name of Business: _____

Mailing Address: _____

City: _____

Telephone Number _____

Person completing form: _____

1. Gross proceeds from food preparation \$ _____
Attached copy of the SC Department of Revenue State Sales and Use
Tax Return Form ST-3
2. Gross proceeds x (.02) [two percent] \$ _____
3. Five percent (5%) penalty (of amount on
Line 2) if not paid by the 20th of month \$ _____
4. Total amount due (add lines 2 & 3) \$ _____

Mail to: The Town of Chesterfield,
Attention: Hospitality Tax
PO Box 350, Chesterfield SC 29709

*Tax is due no later than the 20th of each month and shall cover the tax due on gross proceeds collected the previous month.

Any tax not timely remitted shall be subject to a penalty of five percent (5%) of the sum owed each month or portion, thereof, until paid.

Unpaid for sixty (60) days after its due date, the Municipal Clerk or authorized agent of the town shall report it to the Police Chief or authorized agent of the town to issue an ordinance summons for the violation. The failure to collect from the patrons the amount imposed by this Article shall not relieve any establishment subject to this Article from making the required remittance. Any person violating this Article shall be deemed guilty of an offense and shall be subject to punishment of a fine not to exceed five hundred (\$500.00) dollars or thirty (30) days imprisonment. Each day of violation shall be considered a separate offense. Punishment for violation shall not relieve the offender of liability for delinquent amount, penalties, and costs as otherwise provided herein.

Hospitality Tax Return

Quarter ended _____ Due Date _____

Sales Tax Number _____

Name of Business: _____

Mailing Address: _____

City: Chesterfield, SC 29709

Telephone Number _____

Person completing form: _____

- | | |
|--|----------|
| 1. Gross proceeds from food preparation | \$ _____ |
| 2. Gross proceeds x (.02) [two percent] | \$ _____ |
| 3. Five percent (5%) penalty (of amount on Line 2)
if not paid by the 20 th of | \$ _____ |
| 4. January, April, July and September
Total amount due (add lines 2 & 3) | \$ _____ |

Mail to: The Town of Chesterfield, PO Box 350, Chesterfield SC 29709

*Tax is due no later than the 20th of the first month of each quarter and shall cover the tax due on gross proceeds collected the previous quarter.

*Any tax not timely remitted shall be subject to a penalty of five percent (5%) of the sum owed each month or portion, thereof, until paid.

Hospitality Tax Return

Year ended _____ Due Date _____ **Due by the 20th of January**

Sales Tax Number _____

Name of Business: _____

Mailing Address: _____

City: Chesterfield, SC 29709

Telephone Number _____

Person completing form: _____

- | | |
|--|----------|
| 1., Gross proceeds from food preparation | \$ _____ |
| 2. Gross proceeds x (.02) [two percent] | \$ _____ |
| 3. Five percent (5%) penalty (of amount on Line 2)
if not paid by the 20 th of | \$ _____ |
| 4. January, April, July and September
Total amount due (add lines 2 & 3) | \$ _____ |

Mail to: The Town of Chesterfield, PO Box 350, Chesterfield SC 29709

*Tax is due no later than the January 20th of each year and shall cover the tax due on gross proceeds collected the previous year.

*Any tax not timely remitted shall be subject to a penalty of five percent (5%) of the sum owed each month or portion, thereof, until paid.