



CITY OF
Clemson
FINANCE

Hospitality Remittance Monthly Reporting Form
City of Clemson

Name and Address of Business _____ Filing Period: Month _____ Year _____
 _____ F.E.I. or S.S. # _____
 _____ Contact Name _____
 _____ Contact Phone _____
 Email _____

Computation of Hospitality Amount Due

1. Hospitality Fee/Tax \$ _____ x .02 \$ _____
Gross Proceeds from Sale of Food/Beverages
 2. Less Discount for Timely Filed Returns* \$ _____ x .02 - _____
Line 1
 3. Plus Penalty on Delinquencies** \$ _____ x _____ x .05 + _____
Line 1 # months delinquent
 4. Total Amount Due = \$ _____

This return covers the period through the last day of the month and becomes delinquent after the 30th day of the following month.

Payment must be postmarked no later than the 30th day of the month.

* DISCOUNT for timely filed returns - a discount of 2% (.02) will be given to those who file their return and payment on or before the due date of the 30th. In the event the 30th day of the month occurs on a Saturday or Sunday, the due date for submittal and/or postmark shall be on the Monday that immediately follows the 30th day of the month.

**PENALTY on delinquencies - a penalty of 5% (.05) for each month or portion thereof after the due date until paid.

I certify that all the information stated above is true and accurate to the best of my knowledge and belief. I understand that the City of Clemson assesses penalties for making false or fraudulent statements on this reporting form.

Filed By: _____ Date _____

White: City Yellow: Vendor

Return to:

1250 Tiger Boulevard · Suite 2 · Clemson, SC 29631 · (864) 653-2035 · (864) 653-2087