



**CITY OF TRAVELERS REST  
LOCAL HOSPITALITY TAX RETURN**

Remit to:  
City of Travelers Rest  
6711 State Park Road  
Travelers Rest, SC 29690

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

Address of Business: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Retail License Number: \_\_\_\_\_

EIN or SSN: \_\_\_\_\_

For Period Ending: \_\_\_\_\_

*Important Note: This return covers the period through the last day of the month and becomes delinquent on the 21<sup>st</sup> day of the following month.*

1.	Gross Proceeds derived from sales of prepared foods and/or beverages	
2.	Tax Rate	X .02
3.	Total Tax Due	
4.	Penalty (5% of the fee due to each month outstanding)	
5.	Total Due (Add lines 3 & 4)	

I hereby certify that I have examined this return and to the best of my knowledge and believe it a true and complete return of Local Hospitality Taxes generated at my place of business for the Month of \_\_\_\_\_, 20\_\_\_\_ .

\_\_\_\_\_  
Taxpayer Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date